National Listing of Providers Furnishing Kidney Dialysis and Transplant Services

January 1988

Health Care Financing Administration

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The *National Listing of Providers Furnishing Kidney Dialysis and Transplant Services* provides renal beneficiaries with a list of Medicare-approved providers who furnish kidney dialysis and transplant services. By including information on both the location of the providers and on the range of renal services available at those providers, this publication allows beneficiaries and those responsible for their care an improved opportunity to make treatment decisions and referrals.

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January 1988

U.S. Department of Health and Human Services
Health Care Financing Administration
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National Listing of Renal Providers by State

Alabama	26	Idaho	82	Missouri	123	Puerto Rico	168
Alaska	30	Illinois	83	Montana	127	Rhode Island	170
American Somoa	31	Indiana	90	Nebraska	128	South Carolina	171
Arizona	32	Iowa	93	Nevada	129	South Dakota	175
Arkansas	35	Kansas	95	New Hampshire	130	Tennessee	176
California	38	Kentucky	97	New Jersey	131	Texas	181
Colorado	57	Louisiana	99	New Mexico	134	Utah	193
Connecticut	59	Maine	105	New York	136	Vermont	195
Delaware	61	Mariana Islands	106	North Carolina	146	Virginia	196
District of Columbia	62	Maryland	107	North Dakota	150	Virgin Islands	201
Florida	64	Massachusetts	111	Ohio	151	Washington	202
Georgia	74	Michigan	114	Oklahoma	155	West Virginia	204
Guam	80	Minnesota	118	Oregon	158	Wisconsin	206
Hawaii	81	Mississippi	120	Pennsylvania	159	Wyoming	209

ACKNOWLEDGMENTS

We wish to thank those Health Care Financing Administration Regional Offices and those End Stage Renal Disease Network Coordinating Councils who have sent corrections to this publication throughout the year. We also extend our appreciation to the following employees of the End Stage Renal Disease Information Analysis Branch, Division of Information Analysis, Office of Statistics and Data Management, Bureau of Data Management and Strategy for their effort in making this publication possible: Jeffrey Grier, Ida Sarsitis, and Edward Weakland.

Medicare Renal Provider Statistics, By Calendar Years: 1973-87

Calendar Year	Total Providers	Total Hosp-Based Providers	Hospital Dialysis Providers	Independent Providers	Transplant Providers	For-Profit Providers	Approved Outpatient Stations
07/73	606	538	--	68	167	--	--
12/74	684	544	--	140	--	--	--
12/75	779	--	--	157	--	--	--
12/76	840	650	--	190	163	--	7,093
12/77	860	610	--	250	141	--	8,754
12/78	909	634	623	275	149	--	10,266
12/79	975	646	630	329	153	--	10,862
12/80	1,054	649	636	405	151	343	12,329
12/81	1,162	676	657	486	157	408	13,784
12/82	1,218	690	642	528	159	437	14,438
12/83	1,309	682	620	627	159	504	15,506
12/84	1,368	700	622	668	170	544	16,594
12/85	1,463	715	632	748	178	616	17,845
12/86	1,578	717	639	861	184	715	19,383
12/87	1,701	703	660	960	199	805	21,246

NOTE: Columns do not equal to total. Blanks indicate data not available.

Figure 1

Total Growth Rate
All Medicare Renal Providers

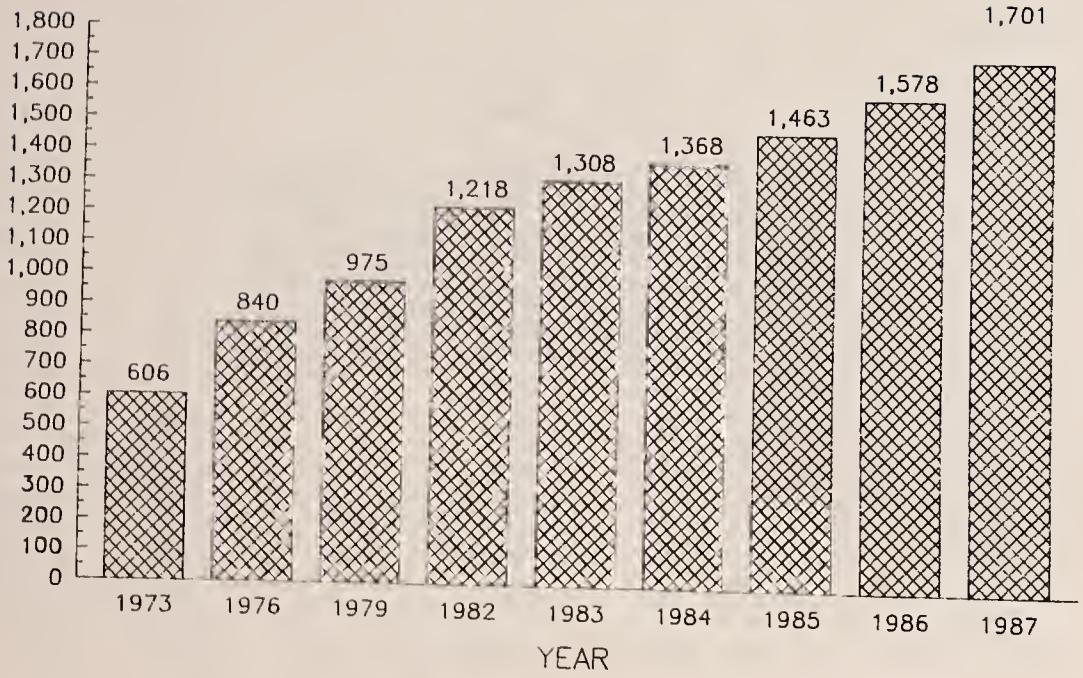


Figure 2

Dialysis Growth Rate
Hospital To Independent

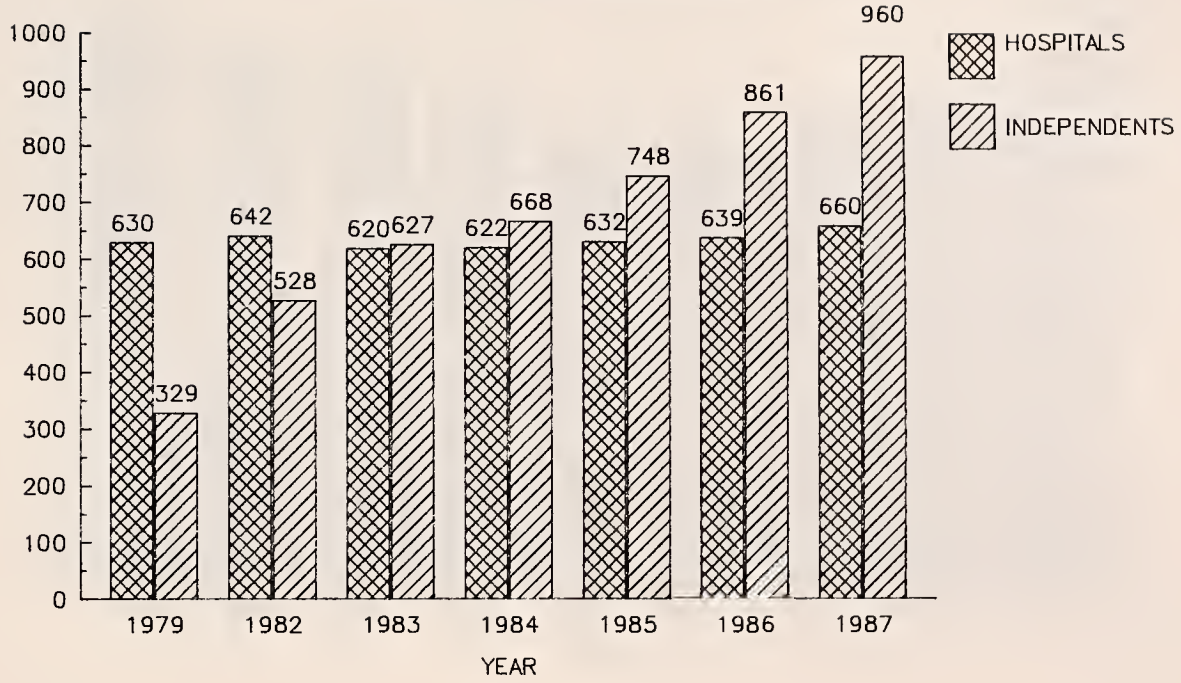


Figure 3

Transplant Center Growth
Renal Transplant Providers Only

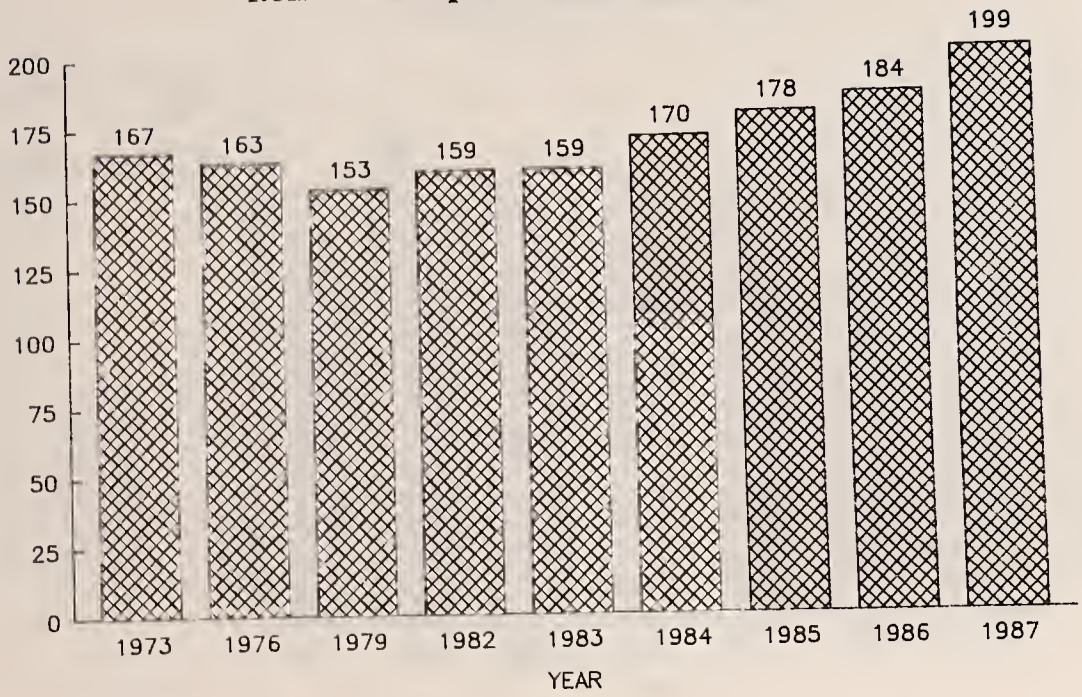
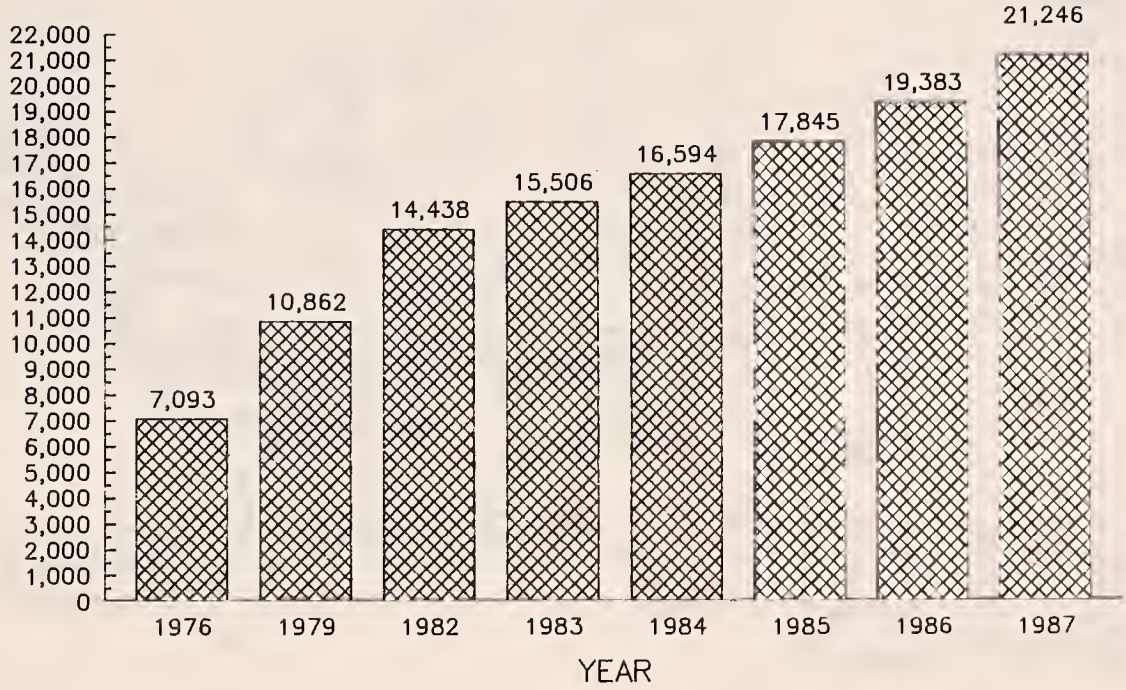


Figure 4

Dialysis Stations Growth
Medicare Approved Outpatient Stations



HEALTH CARE FINANCING ADMINISTRATION

REGIONAL OFFICE BOUNDARIES

TABLE 1

NUMBER OF ESRD PROVIDERS BY TYPE OF SERVICE AND REGION

REGION	TOTAL	TRANSPLANT	DIALYSIS	HOSPITAL 1	INDEPENDENT 1	INPATIENT CARE	STATIONS
TOTAL	1701	199	1620	660	960	42	21246
BOSTON	62	13	60	39	21	0	716
NEW YORK	152	18	152	108	44	0	2140
PHILADELPHIA	220	22	212	80	132	8	2796
ATLANTA	359	25	347	55	292	7	4960
CHICAGO	232	37	220	147	73	10	2896
DALLAS	256	31	239	76	163	4	3182
KANSAS CITY	78	17	68	39	29	7	794
DENVER	46	6	44	30	14	0	420
SAN FRANCISCO	258	24	244	67	177	5	2990
SEATTLE	38	6	34	19	15	1	352

1 HOSPITAL AND INDEPENDENT COUNTS ARE INCLUDED IN THE TOTAL DIALYSIS COUNT.

NOTE: DETAIL DOES NOT ADD TO TOTAL BECAUSE MOST TRANSPLANT CENTERS ALSO PROVIDE DIALYSIS SERVICES AND ARE AGAIN COUNTED IN DIALYSIS.

TABLE 2

NUMBER OF ESRO PROVIDERS BY TRAINING SERVICE AND REGION

REGION	TOTAL PROVIDERS	TRAINING FACILITIES	HEMODIALYSIS TRAINING	PERITONEAL TRAINING	CAPD TRAINING	CCPD TRAINING	IN-CENTER SELF-CARE UNITS
TOTALS	1701	1143	863	474	917	248	344
BOSTON	62	54	46	32	48	21	15
NEW YORK	152	107	84	44	76	21	39
PHILADELPHIA	220	156	128	90	134	50	47
ATLANTA	359	207	140	104	185	55	40
CHICAGO	232	166	130	86	135	19	54
DALLAS	256	153	99	50	125	7	76
KANSAS CITY	78	65	62	8	40	37	3
DENVER	46	31	26	20	27	4	7
SAN FRANCISCO	258	181	126	32	133	33	58
SEATTLE	38	23	22	8	14	1	5

TABLE 3

NUMBER OF ESRD PROVIDERS BY PROFIT AND NON-PROFIT AND REGION

REGION	TOTALS				PROFIT DIALYSIS		NONPROFIT DIALYSIS	
	PROVIDERS	PROFIT	NONPROFIT	UNKNOWN	HOSPITAL	INDEPENDENT	HOSPITAL	INDEPENDENT
TOTALS	1701	805	896	0	19	781	641	179
BOSTON	62	18	44	0	0	18	39	3
NEW YORK	152	32	120	0	0	32	108	12
PHILADELPHIA	220	117	103	0	4	113	76	19
ATLANTA	359	231	128	0	4	225	51	67
CHICAGO	232	61	171	0	2	59	145	14
DALLAS	256	159	97	0	5	153	71	10
KANSAS CITY	78	18	60	0	2	16	37	13
DENVER	46	12	34	0	1	10	29	4
SAN FRANCISCO	258	154	104	0	1	152	66	25
SEATTLE	38	3	35	0	0	3	19	12

TABLE 4

NUMBER OF ESRO PROVIDER5 BY TYPE OF SERVICE AND 5TATE

STATE	TOTAL	TRANSPLANT	OIALYSIS	HOSPITAL 1	INOEPENDENT 1	INPATIENT CARE	STATIONS
TOTAL	1701	199	1620	660	960	42	21246
ALASKA	3	0	2	0	2	1	12
ALABAMA	34	2	33	2	31	1	431
ARKANSA5	24	2	23	8	15	1	270
AMERICAN 5OMOA	1	0	1	1	0	0	2
ARIZONA	32	4	32	13	19	0	297
CALIFORNIA	208	19	194	43	151	5	2508
MARIANA ISLANDS	1	0	1	0	1	0	5
COLORADO	15	3	14	8	6	0	184
CONNECTICUT	17	2	17	14	3	0	184
DI5TRICT OF COLUMBIA	17	5	17	8	9	0	209
OELAWARE	4	0	4	2	2	0	159
FLORIOA	104	4	100	20	80	4	1450
OEOROIA	57	5	56	12	44	0	840
OUAM	1	0	1	1	0	0	6
HAWAII	10	1	10	7	3	0	109
IOWA	14	4	13	11	2	0	149
IOAHO	6	0	6	5	1	0	48
ILLINOIS	74	8	67	32	35	7	1006
INDIANA	29	2	29	20	9	0	340
KANSA5	12	2	9	1	8	2	150
KENTUCKY	19	3	18	6	12	0	208
LOUISIANA	61	6	58	13	45	0	639
MASSACHUSETT5	29	9	27	17	10	0	323
MARYLANO	39	3	38	10	28	1	516
MAINE	5	1	5	3	2	0	56
MICHIOAN	42	10	38	27	11	2	528
MINNESOTA	19	4	19	18	1	0	238
MISSOURI	42	9	38	20	18	3	426

SEE FOOTNOTE AT END OF TABLE.

TABLE 4

NUMBER OF ESRD PROVIDERS BY TYPE OF SERVICE AND STATE

STATE	TOTAL	TRANSPLANT	DIALYSIS	HOSPITAL 1	INDEPENDENT 1	INPATIENT CARE	STATIONS
MISSISSIPPI	23	1	23	2	21	0	311
MONTANA	4	0	4	4	0	0	33
NORTH CAROLINA	35	5	35	7	28	0	684
NORTH DAKOTA	5	0	5	5	0	0	43
NEBRASKA	10	2	8	7	1	2	69
NEW HAMPSHIRE	4	0	4	2	2	0	36
NEW JERSEY	28	3	28	22	6	0	523
NEW MEXICO	17	2	15	8	7	0	146
NEVADA	4	0	4	2	2	0	57
NEW YORK	107	13	107	77	30	0	1355
OHIO	44	11	44	30	14	0	558
OKLAHOMA	27	5	27	21	6	0	229
OREGON	10	1	10	6	4	0	125
PENNSYLVANIA	97	9	90	38	52	7	1161
PUERTO RICO	15	1	15	7	8	0	256
RHODE ISLAND	6	0	6	2	4	0	103
SOUTH CAROLINA	34	1	33	2	31	1	444
SOUTH DAKOTA	8	0	8	8	0	0	47
TENNESSEE	53	4	49	4	45	1	592
TEXAS	128	16	117	26	91	3	1904
UTAH	13	3	12	5	7	0	106
VIRGINIA	49	4	49	15	34	0	614
VIRGIN ISLANDS	2	1	2	2	0	0	6
VERMONT	1	1	1	1	0	0	14
WASHINGTON	19	5	16	8	8	0	167
WISCONSIN	24	2	23	20	3	1	226
WEST VIRGINIA	14	1	14	7	7	0	137
WYOMING	1	0	1	0	1	0	7

1 HOSPITAL AND INDEPENDENT COUNTS ARE INCLUDED IN THE TOTAL DIALYSIS COUNT.

NOTE: DETAIL DOES NOT ADD TO TOTAL BECAUSE MOST TRANSPLANT CENTERS ALSO PROVIDE DIALYSIS SERVICES AND ARE AGAIN COUNTED IN DIALYSIS.

TABLE 5

NUMBER OF ESRD PROVIDERS BY TRAINING SERVICE AND STATE

STATE	TOTAL PROVIDERS	TRAINING FACILITIES	HEMODIALYSIS TRAINING	PERITONEAL TRAINING	CAPD TRAINING	CCPD TRAINING	IN-CENTER SELF-CARE UNITS
TOTALS	1701	1143	863	474	917	248	344
ALASKA	3	1	1	1	0	0	1
ALABAMA	34	26	19	17	25	14	5
ARKANSAS	24	20	13	4	15	0	8
AMERICAN SOMOA	1	0	0	0	0	0	0
ARIZONA	32	25	19	8	16	3	6
CALIFORNIA	208	146	100	22	108	28	46
MARIANA ISLANDS	1	0	0	0	0	0	0
COLORADO	15	11	11	10	9	3	2
CONNECTICUT	17	17	15	8	16	2	6
DISTRICT OF COLUMBIA	17	9	7	3	8	0	2
DELAWARE	4	3	2	2	2	1	0
FLORIDA	104	65	37	24	57	14	10
GEORGIA	67	39	30	24	37	12	15
GUAM	1	1	1	0	0	0	0
HAWAII	10	4	4	1	4	2	5
IOWA	14	13	13	1	10	9	0
IDAHO	6	3	3	0	1	0	0
ILLINOIS	74	55	45	33	42	15	31
INDIANA	29	20	16	7	13	0	6
KANSAS	12	9	8	2	6	6	0
KENTUCKY	19	12	7	4	11	2	2
LOUISIANA	61	30	25	14	19	0	18
MASSACHUSETTS	29	22	17	16	19	12	3
MARYLAND	39	27	20	17	20	11	10
MAINE	5	5	5	2	4	2	0
MICHIGAN	42	30	27	17	28	2	8
MINNESOTA	19	8	5	3	8	0	1
MISSOURI	42	35	33	4	21	19	3

TABLE 5

NUMBER OF ESRD PROVIDERS BY TRAINING SERVICE AND STATE

STATE	TOTAL PROVIDERS	TRAINING FACILITIES	HEMODIALYSIS TRAINING	PERITONEAL TRAINING	CAPD TRAINING	CCPD TRAINING	IN-CENTER SELF-CARE UNITS
MISSISSIPPI	23	8	7	5	8	1	2
MONTANA	4	4	4	2	4	1	1
NORTH CAROLINA	35	21	19	13	17	3	3
NORTH DAKOTA	5	4	3	0	4	0	0
NEBRASKA	10	8	8	1	3	3	0
NEW HAMPSHIRE	4	4	3	3	4	3	2
NEW JERSEY	28	20	18	14	15	7	14
NEW MEXICO	17	12	5	3	11	0	4
NEVADA	4	4	2	1	4	0	1
NEW YORK	107	77	57	27	56	13	18
OHIO	44	32	23	14	27	1	3
OKLAHOMA	27	12	12	5	10	1	10
OREGON	10	9	8	4	6	1	1
PENNSYLVANIA	97	73	62	50	67	29	29
PUERTO RICO	15	10	9	3	5	1	7
RHODE ISLAND	6	5	5	3	4	1	3
SOUTH CAROLINA	34	14	6	7	13	3	1
SOUTH DAKOTA	8	3	0	0	3	0	0
TENNESSEE	53	22	15	10	17	6	2
TEXAS	128	80	44	24	71	6	36
UTAH	13	8	8	7	6	0	4
VIRGINIA	49	34	31	14	29	6	5
VIRGIN ISLANDS	2	0	0	0	0	0	0
VERMONT	1	1	1	0	1	1	1
WASHINGTON	19	10	10	3	7	0	3
WISCONSIN	24	21	14	12	17	1	5
WEST VIRGINIA	14	10	6	4	8	3	1
WYOMING	1	1	0	1	1	0	0

TABLE 6

NUMBER OF ESRO PROVIDERS BY PROFIT AND NON-PROFIT

STATE	TOTALS				PROFIT DIALYSIS		NONPROFIT DIALYSIS	
	PROVIDERS	PROFIT	NONPROFIT	UNKNOWN	HOSPITAL	INDEPENDENT	HOSPITAL	INDEPENDENT
TOTALS	1701	805	896	0	19	781	641	179
ALASKA	3	0	3	0	0	0	0	2
ALABAMA	34	28	6	0	0	28	2	3
ARKANSAS	24	14	10	0	0	14	8	1
AMERICAN SOMOA	1	0	1	0	0	0	1	0
ARIZONA	32	14	18	0	0	14	13	5
CALIFORNIA	208	134	74	0	1	132	42	19
MARIANA ISLANDS	1	0	1	0	0	0	0	1
COLORADO	15	8	7	0	1	6	7	0
CONNECTICUT	17	3	14	0	0	3	14	0
DISTRICT OF COLUMBIA	17	9	8	0	0	9	8	0
DELAWARE	4	3	1	0	1	2	1	0
FLORIDA	104	75	29	0	4	69	16	11
GEORGIA	57	39	18	0	0	39	12	5
GUAM	1	0	1	0	0	0	1	0
HAWAII	10	3	7	0	0	3	7	0
IDWA	14	2	12	0	0	2	11	0
IDAHO	6	0	6	0	0	0	5	1
ILLINOIS	74	34	40	0	0	34	32	1
INDIANA	29	8	21	0	0	8	20	1
KANSAS	12	7	5	0	0	7	1	1
KENTUCKY	19	4	15	0	0	4	6	8
LOUISIANA	61	44	17	0	0	44	13	1
MASSACHUSETTS	29	8	21	0	0	8	17	2
MARYLAND	39	22	17	0	1	21	9	7
MAINE	5	2	3	0	0	2	3	0
MICHIGAN	42	8	34	0	1	7	26	4
MINNESOTA	19	0	19	0	0	0	18	1
MISSOURI	42	9	33	0	2	7	18	11

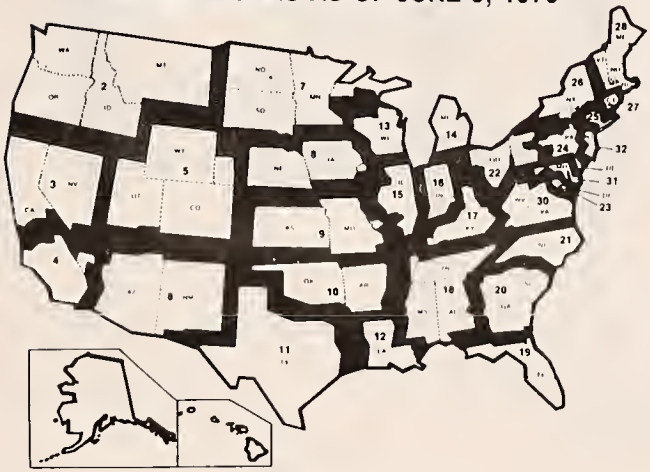
TABLE 6

NUMBER OF ESRO PROVIDERS BY PROFIT AND NON-PROFIT

STATE	TOTALS				PROFIT DIALYSIS		NONPROFIT DIALYSIS	
	PROVIDERS	PROFIT	NONPROFIT	UNKNOWN	HOSPITAL	INDEPENDENT	HOSPITAL	INDEPENDENT
MISSISSIPPI	23	7	16	0	0	7	2	14
MONTANA	4	0	4	0	0	0	4	0
NORTH CAROLINA	35	26	9	0	0	26	7	2
NORTH DAKOTA	5	0	5	0	0	0	5	0
NEBRASKA	10	0	10	0	0	0	7	1
NEW HAMPSHIRE	4	2	2	0	0	2	2	0
NEW JERSEY	28	6	22	0	0	6	22	0
NEW MEXICO	17	8	9	0	2	6	6	1
NEVADA	4	2	2	0	0	2	2	0
NEW YORK	107	18	89	0	0	18	77	12
OHIO	44	8	36	0	1	7	29	7
OKLAHOMA	27	7	20	0	1	6	20	0
OREGON	10	3	7	0	0	3	6	1
PENNSYLVANIA	97	46	51	0	1	45	37	7
PUERTO RICO	15	8	7	0	0	8	7	0
RHODE ISLAND	6	3	3	0	0	3	2	1
SOUTH CAROLINA	34	25	9	0	0	25	2	6
SOUTH DAKOTA	8	0	8	0	0	0	8	0
TENNESSEE	53	27	26	0	0	27	4	18
TEXAS	128	87	41	0	2	84	24	7
UTAH	13	3	10	0	0	3	5	4
VIRGINIA	49	32	17	0	0	32	15	2
VIRGIN ISLANDS	2	0	2	0	0	0	2	0
VERMONT	1	0	1	0	0	0	1	0
WASHINGTON	19	0	19	0	0	0	8	8
WISCONSIN	24	3	21	0	0	3	20	0
WEST VIRGINIA	14	5	9	0	1	4	6	3
WYOMING	1	1	0	0	0	1	0	0

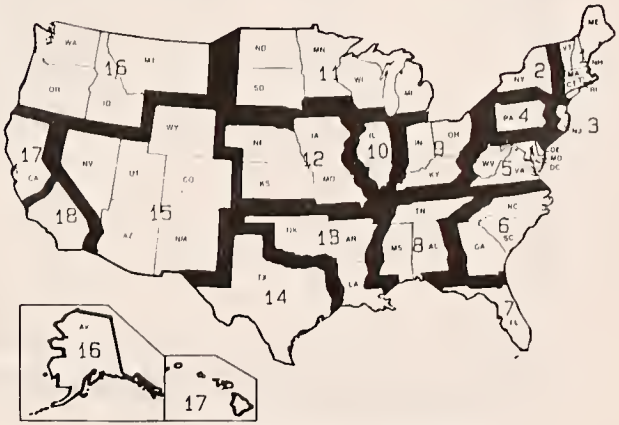
COMPARISON OF ESRD NETWORK DESIGNATIONS

ESRD NETWORKS AS OF JUNE 3, 1976



- Hawaii and Pacific Islands Constitute Network 1
- Alaska is Part of Network 2
- Puerto Rico and Virgin Islands Constitute Network 29

ESRD NETWORKS AS OF JANUARY 1, 1988



- Puerto Rico and Virgin Islands are part of Network 3
- Hawaii, Guam, American Samoa are part of Network 17

TABLE 7

NUMBER OF ESRD PROVIDERS BY TYPE OF SERVICE AND OLD NETWORK

NETWORK	TOTAL	TRANSPLANT	DIALYSIS	HOSPITAL 1	INDEPENDENT 1	INPATIENT CARE	STATIONS
TOTAL	1701	199	1620	660	960	42	21246
01	13	1	13	9	4	0	122
02	42	6	38	23	15	1	385
03	78	8	74	19	55	0	901
04	134	11	124	26	98	5	1664
05	30	6	28	14	14	0	303
06	49	6	47	21	26	0	443
07	35	4	35	34	1	0	343
08	25	6	21	17	4	3	226
09	56	11	48	20	28	6	602
10	50	7	49	28	21	1	485
11	127	16	116	26	90	3	1897
12	62	6	59	13	46	0	646
13	24	2	23	20	3	1	226
14	39	10	35	24	11	2	513
15	69	8	64	32	32	5	956
16	29	2	29	20	9	0	340
17	30	7	29	11	18	0	359
18	110	7	105	10	95	2	1338
19	104	4	100	20	80	4	1450
20	93	6	91	14	77	1	1304
21	35	5	35	7	28	0	684
22	58	9	58	33	25	0	723
23	0	0	0	0	0	0	0
24	75	7	68	31	37	7	999
25	81	7	81	56	25	0	1078
26	27	6	27	22	5	0	282
27	17	2	17	14	3	0	184
28	45	11	43	25	18	0	532
29	17	2	17	9	8	0	262
30	80	10	80	30	50	0	960
31	39	3	38	10	28	1	516
32	28	3	28	22	6	0	523

1 HOSPITAL AND INDEPENDENT COUNTS ARE INCLUDED IN THE TOTAL DIALYSIS COUNT.

NOTE: DETAIL DOES NOT ADD TO TOTAL BECAUSE MOST TRANSPLANT CENTERS
ALSO PROVIDE DIALYSIS SERVICES AND ARE ADAIN COUNTED IN DIALYSIS.

TABLE 7A

NUMBER OF ESRD PROVIDERS BY TYPE OF SERVICE AND NEW NETWORK

NETWORK	TOTAL	TRANSPLANT	DIALYSIS	HOSPITAL 1	INDEPENDENT 1	INPATIENT CARE	STATIONS
TOTAL	1701	199	1620	660	960	42	21246
01	62	13	60	39	21	0	716
02	107	13	107	77	30	0	1355
03	45	5	45	31	14	0	785
04	101	9	94	40	54	7	1320
05	119	13	118	40	78	1	1476
06	126	11	124	21	103	1	1968
07	104	4	100	20	80	4	1450
08	110	7	105	8	97	2	1334
09	92	16	91	56	35	0	1106
10	74	8	67	32	35	7	1006
11	98	16	93	78	15	3	1082
12	78	17	68	39	29	7	794
13	113	13	109	42	67	1	1145
14	127	16	116	26	90	3	1897
15	82	12	78	36	42	0	797
16	42	6	38	23	15	1	385
17	90	9	86	27	59	0	1013
18	131	11	121	25	96	5	1617

1 HOSPITAL AND INDEPENDENT COUNTS ARE INCLUDED IN THE TOTAL DIALYSIS COUNT.

NOTE: DETAIL DOES NOT ADD TO TOTAL BECAUSE MOST TRANSPLANT CENTERS
ALSO PROVIDE DIALYSIS SERVICES AND ARE AGAIN COUNTED IN DIALYSIS.

TABLE 8

NUMBER OF ESRO PROVIDERS BY TRAINING SERVICE AND OLO NETWORK

NETWORK	TOTAL PROVIDERS	TRAINING FACILITIES	HEMODIALYSIS TRAINING	PERITONEAL TRAINING	CAPD TRAINING	CCPD TRAINING	IN-CENTER SELF-CARE UNITS
TOTALS	1701	1143	863	474	917	248	344
01	19	5	5	1	4	2	5
02	42	27	26	10	18	2	6
03	78	66	53	10	52	13	23
04	134	85	49	13	60	15	24
05	30	21	20	18	16	3	6
06	49	37	24	11	27	3	10
07	36	17	10	4	16	0	2
08	25	21	21	2	14	12	1
09	56	45	42	7	27	25	5
10	50	31	24	8	24	1	17
11	127	80	44	24	71	6	36
12	62	30	25	14	19	0	18
13	24	21	14	12	17	1	5
14	39	28	25	16	27	2	7
15	69	62	42	32	40	15	28
16	29	20	16	7	13	0	6
17	30	18	12	9	16	2	2
18	110	57	44	33	51	22	10
19	104	65	37	24	57	14	10
20	93	54	35	31	51	14	16
21	35	21	19	13	17	3	3
22	58	47	37	23	42	7	13
23	0	0	0	0	0	0	0
24	76	64	44	37	48	23	19
25	81	57	38	17	41	5	11
26	27	21	20	11	16	9	7
27	17	17	15	8	16	2	6
28	45	37	31	24	32	19	9
29	17	10	9	3	5	1	7
30	80	53	44	21	45	9	8
31	39	27	20	17	20	11	10
32	28	20	18	14	15	7	14

TABLE 8A

NUMBER OF ESRO PROVIDERS BY TRAINING SERVICE AND NEW NETWORK

NETWORK	TOTAL PROVIDERS	TRAINING FACILITIES	HEMODIALYSIS TRAINING	PERITONEAL TRAINING	CAPD TRAINING	CCPD TRAINING	IN-CENTER SELF-CARE UNITS
TOTALS	1701	1143	863	474	917	248	344
01	62	54	46	32	48	21	15
02	107	77	57	27	56	13	18
03	45	30	27	17	20	8	21
04	101	76	64	52	69	30	29
05	119	80	64	38	65	20	18
06	126	74	55	44	67	18	19
07	104	65	37	24	57	14	10
08	110	56	41	32	50	21	9
09	92	64	46	25	51	3	11
10	74	55	45	33	42	15	31
11	98	66	49	32	60	3	14
12	78	65	62	8	40	37	3
13	113	62	50	23	44	1	36
14	127	80	44	24	71	6	36
15	82	61	45	30	47	6	17
16	42	27	26	10	18	2	6
17	90	69	58	11	55	15	28
18	131	82	47	12	57	15	23

TABLE 9

NUMBER OF ESRO PROVIDERS BY PRDFIT ANO NDNPROFIT AND DLD NETWORK

	TDTALS				PRDFIT DIALYSIS.		NONPRDFIT DIALYSIS	
NETWORK	PROVIOERS	PROFIT	NONPROFIT	UNKNOWN	HOSPITAL	INDEPENDENT	HDSPITAL	INDEPENDENT
TOTALS	1701	805	896	0	19	781	641	179
01	13	3	10	0	0	3	9	1
02	42	3	39	0	0	3	23	12
03	78	42	36	0	0	42	19	13
04	134	94	40	0	1	92	25	6
05	30	12	18	0	1	10	13	4
06	49	22	27	0	2	20	19	6
07	35	0	35	0	0	0	34	1
08	25	3	22	0	0	3	17	1
09	56	18	38	0	2	16	18	12
10	50	21	29	0	1	20	27	1
11	127	87	40	0	2	84	24	6
12	62	44	18	0	0	44	13	2
13	24	3	21	0	0	3	20	0
14	39	8	31	0	1	7	23	4
15	69	31	38	0	0	31	32	1
16	29	8	21	0	0	8	20	1
17	30	6	24	0	0	6	11	12
18	110	60	50	0	0	60	10	35
19	104	75	29	0	4	69	16	11
20	93	66	27	0	0	66	14	11
21	35	26	9	0	0	26	7	2
22	58	20	38	0	1	19	32	6
23	0	0	0	0	0	0	0	0
24	75	35	40	0	2	33	29	4
25	81	16	65	0	0	16	56	9
26	27	2	25	0	0	2	22	3
27	17	3	14	0	0	3	14	0
28	45	15	30	0	0	15	25	3
29	17	8	9	0	0	8	9	0
30	80	46	34	0	1	45	29	5
31	39	22	17	0	1	21	9	7
32	28	6	22	0	0	6	22	0

TABLE 9A

NUMBER OF ESRD PROVIDERS BY PROFIT AND NONPROFIT AND NEW NETWORK

NETWORK	TOTALS				PROFIT DIALYSIS		NONPROFIT DIALYSIS	
	PROVIDERS	PROFIT	NONPROFIT	UNKNOWN	HOSPITAL	INDEPENDENT	HOSPITAL	INDEPENDENT
TOTALS	1701	805	896	0	19	781	641	179
01	62	18	44	0	0	18	39	3
02	107	18	89	0	0	18	77	12
03	45	14	31	0	0	14	31	0
04	101	49	52	0	2	47	38	7
05	119	68	51	0	2	66	38	12
06	126	90	36	0	0	90	21	13
07	104	75	29	0	4	69	16	11
08	110	62	48	0	0	62	8	35
09	92	20	72	0	1	19	55	16
10	74	34	40	0	0	34	32	1
11	98	11	87	0	1	10	77	5
12	78	18	60	0	2	16	37	13
13	113	65	48	0	1	64	41	3
14	127	87	40	0	2	84	24	6
15	82	36	46	0	3	32	33	10
16	42	3	39	0	0	3	23	12
17	90	45	45	0	0	45	27	14
18	131	92	39	0	1	90	24	6

GLOSSARY OF TERMS

The items appearing in this glossary are intended to assist the reader by supplying operational definitions of the terms used in this publication.

CONTINUOUS AMBULATORY PERITONEAL DIALYSIS - (CAPD) A type of peritoneal dialysis whereby the patient dialyzes at home, using special supplies, but without the need for a machine.

CONTINUOUS CYCLE PERITONEAL DIALYSIS - (CCPD) A variant of CAPD in which a machine is used to make exchanges at night automatically.

CROSS-REFER NO - A special series of provider numbers assigned to hospitals by the Health Standards and Quality Bureau of HCFA in order to accept renal data in the Medicare Medicaid Automated Certification System (MMACS).

DIALYSIS CENTER - A hospital unit which is approved to furnish the full spectrum of diagnostic, therapeutic and rehabilitative services required for the care of ESRD dialysis patients (including inpatient dialysis furnished directly or under arrangement).

DIALYSIS FACILITY - A unit of a hospital which is approved to furnish dialysis service(s) directly to ESRD patients.

DIALYSIS STATION - The treatment area which is designed and equipped to provide adequate and safe dialysis therapy, as well as privacy and comfort for patients.

HEMODIALYSIS - (HEMO) A method of dialysis in which blood from a patients body is circulated through an external device or machine and thence returned to the patients bloodstream. Such an artificial kidney machine usually is designed to remove fluids and metabolic end products from the bloodstream by placing the blood in contact with a semi-permeable membrane which is bathed on the other side by an appropriate chemical solution referred to as dialysate.

INPATIENT ONLY - A renal dialysis center which performs 20 percent or less of their dialysis on an outpatient basis.

ESRD NETWORK/RENAL NETWORK - An approved organized group of ESRD providers in a designated area which, by their type and location and because of local referral patterns, collectively furnish the necessary care for ESRD patients in the population served. Since, as of this printing, the new network geographical designations had not been implemented, the renal network referred to in the listing of facilities is the old network designation.

PERITONEAL DIALYSIS - (PERI) A procedure which introduces dialysate into the abdominal cavity to remove waste products through the peritoneum (membrane which surrounds the intestines and other organs in the abdomninal cavity). It functions in a manner similar to that of the (artificial) semi-permeable membrane in the hemodialysis machine.

PROVIDER NUMBER - An assigned Medicare identification number for billing which consists of six positions. The first two positions represent a state code. The third and fourth positions represent the type of provider of services. For renal providers, the coding is as follows:

0 in 3rd position = Short-stay hospital
20 in 3rd and 4th positions = Long-term care hospital
25 in 3rd and 4th positions = Independent renal facilities
26 in 3rd and 4th positions = Independent renal facilities
33 in 3rd and 4th positions = Children's hospital
35 in 3rd and 4th positions = Hospital Satellite renal facility
(Hospital satellites are owned and operated by hospitals.)

Example:
01 0001 = Hospital in Alabama
05 2500 = Independent in California
14 3500 = Hospital Satellite in Illinois

SELF-CARE SERVICES - A unit of a dialysis facility or center where patients who have been trained to perform self-dialysis with little or no professional assistance dialyze.

STAFF-ASSISTED SERVICES - A dialysis setting in which the patient is dialyzed at a facility or center by staff at that facility or center.

TRAINING SERVICES - A program that trains ESRD patients to perform self-dialysis or home dialysis with little or no professional assistance, and trains other individuals to assist patients in performing self-dialysis or home dialysis.

TRANSPLANT CENTER - A hospital unit which is approved to furnish direct transplantation and other medical and surgical speciality services for the care of the ESRD transplant patients, including inpatient dialysis furnished directly or under arrangement.

STATE=ALABAMA

REGIONAL DIALYSIS OF ANNISTON 700 QUINTARD AVE ANNISTON, AL 36201 PROVIDER NO: 012611	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 072180 OWNERSHIP: PROFIT INTERMEDIARY: 00010 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 18 PHONE:(205)237-5300
NE ALABAMA KIDNEY CLINIC INC 1001 LEIGHTON AVE, P.O. BOX 699 ANNISTON, AL 36202 PROVIDER NO: 012630	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO TRAINING: PERI CAPD CCPD	DATE APPROVED: 010787 OWNERSHIP: PROFIT INTERMEDIARY: 00010 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 18 PHONE:(205)237-5303
COMMUNITY DIALYSIS SERVICES 1005 W MARKET ST #17 ATHENS, AL 35611 PROVIDER NO: 012617	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 012183 OWNERSHIP: PROFIT INTERMEDIARY: 00010 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 18 PHONE:(205)233-4730
UNIVERSITY OF ALABAMA HOSP- 1809 6TH AVE SOUTH BIRMINGHAM, AL 36294 PROVIDER NO: 010033	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00010 CROSS-REFER NO:012300	HCFA REGION: 04 TOTAL STATIONS: 042 RENAL NETWORK: 18 PHONE:(205)934-4444
COMMUNITY DIALYSIS SERVICES OF BIRM 1100 E PARK DRIVE BIRMINGHAM, AL 35235 PROVIDER NO: 012508	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 062879 OWNERSHIP: PROFIT INTERMEDIARY: 00010 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 18 PHONE:(205)833-6003
THE NORWOOD CLINIC INC 1628 N 26TH ST-P.O. BOX C-230 BIRMINGHAM, AL 35283 PROVIDER NO: 012516	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 120282 OWNERSHIP: PROFIT INTERMEDIARY: 00010 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 012 RENAL NETWORK: 18 PHONE:(205)250-6874
ALABAMA DIALYSIS SERVICES 733 TUSCALOOSA AVE BIRMINGHAM, AL 35211 PROVIDER NO: 012526	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 091885 OWNERSHIP: PROFIT INTERMEDIARY: 00010 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 014 RENAL NETWORK: 18 PHONE:(205)783-3039
CHILDRENS HOSPITAL OF ALABAMA 1601 6TH AVE SOUTH BIRMINGHAM, AL 35122 PROVIDER NO: 013300	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 111782 OWNERSHIP: NONPROFIT INTERMEDIARY: 00010 CROSS-REFER NO:012306	HCFA REGION: 04 TOTAL STATIONS: 006 RENAL NETWORK: 18 PHONE:(205)933-4000
RIVERCHASE DIALYSIS CENTER 140 RIVERCHASE PARKWAY E BIRMINGHAM, AL 35244 PROVIDER NO: 012528	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 091786 OWNERSHIP: PROFIT INTERMEDIARY: 00010 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 18 PHONE:(205)985-0567
DIALYSIS FACILITY OF SOUTH ALABAMA 1203 BELLEVILLE AVENUE BREWTON, AL 36426 PROVIDER NO: 012510	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 022980 OWNERSHIP: PROFIT INTERMEDIARY: 00010 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 012 RENAL NETWORK: 18 PHONE:(205)867-3607
VALLEY DIALYSIS CENTER INC. 1806 CARRIDALE ST DECATUR, AL 35601 PROVIDER NO: 012518	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 120783 OWNERSHIP: PRDFIT INTERMEDIARY: 00010 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 009 RENAL NETWORK: 18 PHONE:(205)350-1853

STATE=ALABAMA CONTINUED

COMMUNITY DIALYSIS SVCS OF DOTHAN 1S13 EAST MAIN ST DOTHAN, AL 3630I PROVIDER NO: D12S06	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: HEMO PERI CAPO CCPD	DATE APPRDVEO: 112077 OWNERSHIP: PROFIT INTERMEOIARY: 00D1D CROSS-REFER NO:	HCFA REOIDN: 04 TOTAL STATIDNS: D12 RENAL NETWORK: 18 PHONE:(20S)793-4077
DIALYSIS CLINIC INC 1402 E MAIN ST DOTHAN, AL 36301 PROVIDER NO: D12S21	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO PERI SELF-CARE: TRAININO: HEMO PERI CAPO CCPO	OATE APPRDVED: 03110S OWNERSHIP: NONPROFIT INTERMEOIARY: 00010 CRDSS-REFER ND:	HCFA REOIDN: 04 TOTAL STATIDNS: 013 RENAL NETWORK: 18 PHONE:(2DS)793-3S19
DIALYSIS CLINICS SD2 DOTHAN HIGHWAY ENTERPRISE, AL 3633D PROVIDER NO: D12S27	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO:	DATE APPRDVEO: 070486 OWNERSHIP: NDNPRDFIT INTERMEOIARY: 00010 CRDSS-REFER NO:	HCFA REOION: 04 TOTAL STATIDNS: 01D RENAL NETWDRK: 18 PHONE:(206)347-8233
FLORENCE DIALYSIS CLINIC INC 216 MARENGO SUITE I FLORENCE, AL 3S63D PROVIDER NO: D12S29	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAININD: HEMO PERI CAPD CCPD	DATE APPRDVEO: 091686 OWNERSHIP: PRDFIT INTERMEDIARY: DD010 CROSS-REFER NO:	HCFA REOION: D4 TOTAL STATIONS: 010 RENAL NETWDRK: 18 PHONE:(20S)764-SDSD
COMMUNITY DIALYSIS SVCS-N CENTRAL AL 4D1 S FIRST ST GADSOEN, AL 3S9D2 PROVIDER NO: 012SD1	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	OATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 0001D CRDSS-REFER ND:	HCFA REOION: 04 TOTAL STATIONS: 02D RENAL NETWORK: 18 PHDNE:(20S)S47-24S7
NORTH ALA NEPHROLOGY CENTER 411 ENDEL DRIVE HUNTSVILLE, AL 3S0D1 PROVIDER NO: 012S09	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAININO:	OATE APPROVEO: D71679 OWNERSHIP: PRDFIT INTERMEOIARY: D001D CROSS-REFER NO:	HCFA REOIDN: 04 TOTAL STATIDNS: 010 RENAL NETWORK: 18 PHONE:(20S)S36-8S71
HUNTSVILLE OIALYSIS CTR 232S PANSY ST, SUITE C HUNTSVILLE, AL 3S801 PROVIDER NO: 012S22	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO PERI SELF-CARE: TRAININO: HEMO PERI CAPD CCPD	DATE APPROVEO: 08208S OWNERSHIP: PROFIT INTERMEOIARY: 00D10 CROSS-REFER NO:	HCFA REOION: 04 TOTAL STATIDNS: 017 RENAL NETWORK: 18 PHONE:(20S)S33-4626
DIALYSIS FACILITY OF JACKSON 200 WALNUT ST JACKSON, AL 36S41 PROVIDER NO: D12S31	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO: PERI CAPD CCPD	OATE APPROVED: D12987 OWNERSHIP: PRDFIT INTERMEOIARY: 00D10 CROSS-REFER NO:	HCFA REOION: 04 TOTAL STATIONS: 0D8 RENAL NETWDRK: 18 PHONE:(20S)246-6667
AMA OF CHATTAHOOCHEE INC SUITE 13 MEDICAL PARK LANGDALE, AL 36864 PROVIOER NO: 012S13	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO:	OATE APPROVEO: 021281 OWNERSHIP: PROFIT INTERMEOIARY: 00D10 CROSS-REFER NO:	HCFA REOION: 04 TOTAL STATIONS: DD6 RENAL NETWORK: 18 PHONE:(20S)433-2178
8IO MEDICAL APPLICATIONS OF MOBILE INC 1S63 SPRINOHILL AVE MOBILE, AL 36604 PROVIDER NO: 012S07	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO:	OATE APPROVEO: 010479 OWNERSHIP: PROFIT INTERMEOIARY: 00010 CROSS-REFER NO:	HCFA REOION: 04 TOTAL STATIDNS: D12 RENAL NETWORK: 18 PHONE:(20S)433-2178
PROVIDENCE OIALYSIS FAC-EAST 1S04 SPRINGHILL AVE MOBILE, AL 36604 PROVIDER NO: 012S24	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAININD: HEMO CAPD	DATE APPRDVEO: 12018S OWNERSHIP: PROFIT INTERMEDIARY: OD010 CROSS-REFER NO:	HCFA REOION: 04 TOTAL STATIONS: 021 RENAL NETWORK: 18 PHONE:(20S)438-77SD

STATE=ALABAMA CONTINUED

PROVIDENCE DIALYSIS FAC-WEST 900 HILLCREST RD MOBILE, AL 36609 PROVIDER NO: 012525	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 120285 OWNERSHIP: PROFIT INTERMEDIARY: 00010 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 020 RENAL NETWORK: 18 PHONE:(205)633-2681
ST MARGARETS HOSP 310 S RIPLEY ST, P.O. DOK 31 MONTGOMERY, AL 36101 PROVIDER NO: 010081	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 110178 OWNERSHIP: NONPROFIT INTERMEDIARY: 00010 CROSS-REFER NO:012307	HCFA REGION: 04 TOTAL STATIONS: 000 RENAL NETWORK: 18 PHONE:(205)269-8000
MONTGOMERY NEPHROLOGY REFERRAL CENTER 303 SOUTH RIPLEY ST. SUITE 2000 MONTGOMERY, AL 36104 PROVIDER NO: 012600	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 00010 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 026 RENAL NETWORK: 18 PHONE:(205)263-1028
COMMUNITY DIALYSIS SVCS-CENTRAL AL 3980 GOVERNORS DR MONTGOMERY, AL 36111 PROVIDER NO: 012505	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 121477 OWNERSHIP: PROFIT INTERMEDIARY: 00010 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 020 RENAL NETWORK: 18 PHONE:(205)281-5682
OPELIKA NEPHROLOGY REFERRAL CENTER INC 122 NORTH 20TH STREET OPELIKA, AL 36802 PROVIDER NO: 012515	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090782 OWNERSHIP: PROFIT INTERMEDIARY: 00010 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 18 PHONE:(205)749-5085
COMMUNITY DIALYSIS CTR OF PHENIX CITY 1321 9TH AVE PHENIX CITY, AL 36867 PROVIDER NO: 012514	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: PERI CAPD	DATE APPROVED: 031881 OWNERSHIP: PROFIT INTERMEDIARY: 00010 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 20 PHONE:(205)297-4166
PHENIX CITY NEPHROLOGY CTR 1900 OPELIKA RD PHENIX CITY, AL 36867 PROVIDER NO: 012523	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 092385 OWNERSHIP: PROFIT INTERMEDIARY: 00010 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 20 PHONE:(205)298-1941
SCOTTSBORO DIALYSIS CTR INC 319 PARKS AVE SCOTTSBORO, AL 35768 PROVIDER NO: 012519	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 110584 OWNERSHIP: PROFIT INTERMEDIARY: 00010 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 006 RENAL NETWORK: 18 PHONE:(205)533-4626
SELMA NEPHROLOGY REFERRAL CTR INC. 1019 MEDICAL CENTER PARKWAY SELMA, AL 36701 PROVIDER NO: 012512	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 082580 OWNERSHIP: PROFIT INTERMEDIARY: 00010 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 011 RENAL NETWORK: 18 PHONE:(205)874-9021
COMMUNITY DIALYSIS SVCS-NW ALABAMA 1110 SO MONTGOMERY SHEFFIELD, AL 35660 PROVIDER NO: 012503	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 101377 OWNERSHIP: PROFIT INTERMEDIARY: 00010 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 015 RENAL NETWORK: 18 PHONE:(205)383-4020
TROY NEPHROLOGY REFERRAL CTR 1001 S FRANKLIN DR TROY, AL 36081 PROVIDER NO: 012520	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 111984 OWNERSHIP: PROFIT INTERMEDIARY: 00010 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 18 PHONE:(205)566-7266

STATE=ALABAMA CONTINUED

REGIONAL DIALYSIS CTR OF DCH INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 102177	HCFA REGION: 04
BIS UNIVERSITY BLVD-BOX 23B3	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 017
TUSCALOOSA, AL 35401	SELF-CARE: HEMO	INTERMEDIARY: 00010	RENAL NETWORK: 1B
PROVIDER NO: 012502	TRAINING: HEMO CAPD CCPO	CROSS-REFER NO:	PHONE:(205)758-4775

STATE=ALASKA

PROVIDENCE HOSPITAL 3200 PROVIDENCE DRIVE ANCHORAGE, AK 99504 PROVIDER NO: 020001	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00430 CROSS-REFER NO:022300	HCFA REGION: 10 TOTAL STATIONS: 002 RENAL NETWORK: 02 PHONE:(907)562-2211
ALASKA KIDNEY CENTER 4000 LAUREL ST ANCHORAGE, AK 99508 PROVIDER NO: 022500	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00430 CROSS-REFER NO:	HCFA REGION: 10 TOTAL STATIONS: 007 RENAL NETWORK: 02 PHONE:(907)563-3149
NORTHERN ALASKA KIDNEY CENTER 1550 COWLES ST FAIRBANKS, AK 99701 PROVIDER NO: 022502	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 062785 OWNERSHIP: NONPROFIT INTERMEDIARY: 00430 CROSS-REFER NO:	HCFA REGION: 10 TOTAL STATIONS: 003 RENAL NETWORK: 02 PHONE:(907)452-8181

STATE=AMERICAN SOMOA

LBJ TROPICAL MEDICAL CENTER	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 062482	HCFA REGION: 09
VILLAGE OF FAGAALU	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 002
PAGO PAGO, AS 96799	SELF-CARE:	INTERMEDIARY: 17120	RENAL NETWORK: 01
PROVIDER NO: 640001	TRAINING:	CROSS-REFER NO:	PHONE:(684)633-1222

STATE=ARIZONA

CHINLE DIALYSIS FACILITY PHS INDIAN HOSP/P.O. BOX 879 CHINLE,APACHE, AZ 96603 PROVIDER NO: 032618	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO	DATE APPROVED: 041487 OWNERSHIP: PROFIT INTERMEDIARY: 00030 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 009 RENAL NETWORK: 06 PHONE:(602)674-5252
VERDE VALLEY DIALYSIS CENTER 202 S WILLARD ST-BOX 648 COTTONWOOD, AZ 86326 PROVIDER NO: 032611	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 092783 OWNERSHIP: PROFIT INTERMEDIARY: 00030 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 007 RENAL NETWORK: 06 PHONE:(602)634-2251
GLENDALE OUTPATIENT DIALYSIS CTR 6004 W NORTHERN AVE GLENDALE, AZ 85301 PROVIDER NO: 033502	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 081277 OWNERSHIP: NONPROFIT INTERMEDIARY: 00030 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 014 RENAL NETWORK: 06 PHONE:(602)939-3371
DIALYSIS CENTER OF GLENDALE 6967 WEST NORTHERN AVE GLENDALE, AZ 85301 PROVIDER NO: 032521	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI	DATE APPROVED: 091587 OWNERSHIP: PROFIT INTERMEDIARY: 00030 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 010 RENAL NETWORK: 06 PHONE:(602)974-5851
HAVASU REGIONAL HOSPITAL-ESRD 101 CIVIC CENTER LANE LAKE HAVASU CITY, AZ 86403 PROVIDER NO: 030069	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 081387 OWNERSHIP: NONPROFIT INTERMEDIARY: 00030 CROSS-REFER NO:032310	HCFA REGION: 09 TOTAL STATIONS: 003 RENAL NETWORK: 06 PHONE:(602)855-8185
NAVAPACHE DIALYSIS CTR HWY 260,STE 3,WADON WHEEL PL LAKESIDE, AZ 85929 PROVIDER NO: 032515	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO	DATE APPROVED: 092085 OWNERSHIP: PROFIT INTERMEDIARY: 00030 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 007 RENAL NETWORK: 06 PHONE:(602)537-7119
DESERT SAMARITAN HOSP & HLTH CTR 1400 SOUTH DOBSON ROAD MESA, AZ 85202 PROVIDER NO: 030066	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 111480 OWNERSHIP: NONPROFIT INTERMEDIARY: 00030 CROSS-REFER NO:032306	HCFA REGION: 09 TOTAL STATIONS: 003 RENAL NETWORK: 06 PHONE:(602)835-3000
EAST VALLEY DIALYSIS SERVICES 6553 EAST BAYWOOD MESA, AZ 85206 PROVIDER NO: 032509	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO PERI TRAINING: HEMO PERI	DATE APPROVED: 110882 OWNERSHIP: PROFIT INTERMEDIARY: 00030 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 015 RENAL NETWORK: 06 PHONE:(602)985-4911
DOBSON MESA MEM OUTPATIENT DIAL FAC 1500 SOUTH DOBSON RD MESA, AZ 85202 PROVIDER NO: 033501	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 081877 OWNERSHIP: NONPROFIT INTERMEDIARY: 00030 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 014 RENAL NETWORK: 06 PHONE:(602)835-3274
CHANDLER COMMUNITY DIALYSIS CTR 6553 E BAYWOOD AVE #111 MESA, AZ 85206 PROVIDER NO: 032516	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO PERI CAPD	DATE APPROVED: 032486 OWNERSHIP: PROFIT INTERMEDIARY: 00030 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 010 RENAL NETWORK: 06 PHONE:(602)821-3714
PHOENIX ARTIFICIAL KIDNEY CENTER 1346D N 94TH DRIVE PEORIA, AZ 85345 PROVIDER NO: 032503	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 032679 OWNERSHIP: PROFIT INTERMEDIARY: 00030 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 018 RENAL NETWORK: 06 PHONE:(602)974-1763

STATE=ARIZONA CONTINUED

ODDD SAMARITAN MED CTR 1111 E. MCDOWELL RD,925 BLDG PHOENIX, AZ 85006 PROVIDER NO: 030002	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 081277 OWNERSHIP: NONPROFIT INTERMEDIARY: 00030 CROSS-REFER NO:03230D	HCFA REGION: 09 TOTAL STATIONS: 009 RENAL NETWORK: 06 PHONE:(602)257-2697
MARICOPA MEDICAL CENTER 2601 E ROOSEVELT PHOENIX, AZ 85008 PROVIDER NO: 030022	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 081877 OWNERSHIP: NONPROFIT INTERMEDIARY: 00030 CROSS-REFER NO:0323D2	HCFA REGION: 09 TOTAL STATIONS: 009 RENAL NETWORK: 06 PHONE:(602)267-5011
ST JOSEPHS HOSP & MEDICAL CENTER 350 W THOMAS RD PHOENIX, AZ 85013 PROVIDER NO: 030024	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 072183 OWNERSHIP: NONPROFIT INTERMEDIARY: 00030 CROSS-REFER NO:032303	HCFA REGION: 09 TOTAL STATIONS: 008 RENAL NETWORK: 06 PHONE:(602)241-3000
SOUTH PHOENIX DIALYSIS SVCS 1332 SOUTH 5TH AVE PHOENIX, AZ 85003 PROVIDER NO: 032508	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 122881 OWNERSHIP: PROFIT INTERMEDIARY: 0003D CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 013 RENAL NETWORK: 06 PHONE:(602)253-1954
LINCOLN DIALYSIS CENTER 34 EAST SUNNYSLOPE LANE PHOENIX, AZ 85020 PROVIDER NO: 032510	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 112382 OWNERSHIP: PROFIT INTERMEDIARY: 0003D CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 006 RENAL NETWORK: 06 PHONE:(602)944-0797
PHOENIX OUT PATIENT DIALYSIS CTR 1021 EAST WILLETTA PHOENIX, AZ 85006 PROVIDER NO: 033500	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 081277 OWNERSHIP: NONPROFIT INTERMEDIARY: 0003D CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 021 RENAL NETWORK: 06 PHONE:(602)257-4717
CENTRAL KIDNEY SERVICES 3421 NORTH 7TH AVE PHOENIX, AZ 85013 PROVIDER NO: 032517	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: PERI CAPD	DATE APPROVED: 062786 OWNERSHIP: PROFIT INTERMEDIARY: 0003D CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 014 RENAL NETWORK: 06 PHONE:(602)274-2293
VALLEY MEDICAL SPECIALISTS 1950 W HEATHERBRAE #10 PHOENIX, AZ 85015 PROVIDER NO: 032519	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: SELF-CARE: TRAINING: CAPD	DATE APPROVED: 050787 OWNERSHIP: PROFIT INTERMEDIARY: 00030 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 000 RENAL NETWORK: 06 PHONE:( ) -
SCOTTSDALE DIALYSIS CENTER 7321 E OSBORN RD SCOTTSDALE, AZ 85251 PROVIDER NO: 032504	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 060179 OWNERSHIP: PROFIT INTERMEDIARY: 00030 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 018 RENAL NETWORK: 06 PHONE:(602)994-1445
SELLS DIALYSIS CENTER HWY 86, INDIAN HEALTH SERVICE HOSP SELLS, AZ 85634 PROVIDER NO: 032513	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 032085 OWNERSHIP: NONPROFIT INTERMEDIARY: 0003D CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 011 RENAL NETWORK: 06 PHONE:(602)881-3363
SIERRA VISTA DIALYSIS CENTER 614 BARTOW DRIVE SIERRA VISTA, AZ 85635 PROVIDER NO: 032520	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 050487 OWNERSHIP: NONPROFIT INTERMEDIARY: 0003D CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 005 RENAL NETWORK: 06 PHONE:(602)459-7791

STATE=ARIZONA CONTINUED

TUBA CITY DIALYSIS UNIT CEDAR STREE,OOX 2906 TUBA CITY, AZ 86045 PROVIDER NO: 032506	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 061581 OWNERSHIP: PROFIT INTERMEDIARY: 00030 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 006 RENAL NETWORK: 06 PHONE:(602)283-4525
ST MARYS HOSP & HEALTH CTR 1601 W ST MARYS RD TUCSON, AZ 85703 PROVIDER NO: 030010	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 030882 OWNERSHIP: NONPROFIT INTERMEDIARY: 00030 CROSS-REFER NO:032307	HCFA REGION: 09 TOTAL STATIONS: 000 RENAL NETWORK: 06 PHONE:(602)622-5833
UNIV HOSP ARIZONA HLTH SCIENCES CTR 1501 N CAMPBELL TUCSON, AZ 85724 PROVIDER NO: 030064	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 081277 OWNERSHIP: NONPROFIT INTERMEDIARY: 00030 CROSS-REFER NO:032304	HCFA REGION: 09 TOTAL STATIONS: 003 RENAL NETWORK: 06 PHONE:(602)626-6491
VA HOSP 3601 S 6TH ST TUCSON, AZ 85723 PROVIDER NO: 03013F	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 082977 OWNERSHIP: NONPROFIT INTERMEDIARY: 00080 CROSS-REFER NO:032305	HCFA REGION: 09 TOTAL STATIONS: 009 RENAL NETWORK: 06 PHONE:(602)792-1450
ARTIFICAL KIDNEY CENTER-WEST 1780 WEST ANKLAM ROAD TUCSON, AZ 85745 PROVIDER NO: 032500	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI	DATE APPROVED: 081277 OWNERSHIP: NONPROFIT INTERMEDIARY: 00030 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 016 RENAL NETWORK: 06 PHONE:(602)881-4463
ARTIFICAL KIDNEY CENTER EAST 5200 EAST GRANT RD, BLDG 500 TUCSON, AZ 85712 PROVIDER NO: 032501	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 030678 OWNERSHIP: NONPROFIT INTERMEDIARY: 00030 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 027 RENAL NETWORK: 06 PHONE:(602)881-3363
DESERT DIALYSIS CLINIC 2022 EAST PRINCE RD TUCSON, AZ 85719 PROVIDER NO: 032514	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: SELF-CARE: TRAINING: CAPD	DATE APPROVED: 073185 OWNERSHIP: NONPROFIT INTERMEDIARY: 00030 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 000 RENAL NETWORK: 06 PHONE:(602)327-0007
ST JOSEPH'S HOSP & HLTH CTR-ESRD 350 N WILMOT ROAD TUCSON, AZ 85732 PROVIDER NO: 030011	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 080387 OWNERSHIP: NONPROFIT INTERMEDIARY: 00030 CROSS-REFER NO:032309	HCFA REGION: 09 TOTAL STATIONS: 003 RENAL NETWORK: 06 PHONE:(602)296-3211
TUCSON MEDICAL CENTER 5301 EAST GRANT TUSCON, AZ 85712 PROVIDER NO: 030006	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 040886 OWNERSHIP: NONPROFIT INTERMEDIARY: 00030 CROSS-REFER NO:032308	HCFA REGION: 09 TOTAL STATIONS: 003 RENAL NETWORK: 06 PHONE:(*) -
COMMUNITY DIALYSIS SERVICES OF YUMA 1230 WEST 24TH ST.,SUITE 2 YUMA, AZ 85364 PROVIDER NO: 032502	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 100478 OWNERSHIP: PROFIT INTERMEDIARY: 00030 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 006 RENAL NETWORK: 06 PHONE:(602)782-5194

STATE=ARKANSAS

DEDRAY KIDNEY CENTER 2DB NORTH 26TH STREET ARKADELPHIA, AR 71923 PROVIDER NO: D42S12	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMD SELF-CARE: TRAINING: CAPD	DATE APPROVED: 091286 OWNERSHIP: PROFIT INTERMEDIARY: 00020 CROSS-REFER NO:	HCFA REOION: 09 TOTAL STATIONS: 006 RENAL NETWORK: 10 PHONE:(501)246-3021
COMMUNITY DIALYSIS SVCS OF EL DORADO 3DB I/2 CORDELL ST EL DORADO, AR 7173D PROVIDER NO: D42S03	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO: HEMO CAPD	DATE APPROVED: 040379 OWNERSHIP: PROFIT INTERMEDIARY: 00020 CROSS-REFER NO:	HCFA REOION: D6 TOTAL STATIONS: 016 RENAL NETWORK: 10 PHONE:(5D1)863-D361
WASHINGTON REGIONAL MED CTR II2S N. COLLEGE FAYETTEVILLE, AR 7270I PROVIDER NO: 04DDD4	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAININD: HEMO CAPD	DATE APPROVED: 0B3177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00020 CROSS-REFER NO:042300	HCFA REOION: 06 TOTAL STATIONS: 010 RENAL NETWORK: 1D PHONE:(SOI)442-1D0D
SPARKS REGIONAL MEDICAL CENTER I3II S EYE ST FT SMITH, AR 729OI PROVIDER NO: 04DOSS	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD:	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: D002D CROSS-REFER NO:D423D5	HCFA REOION: 06 TOTAL STATIONS: D06 RENAL NETWORK: 1D PHONE:(SD1)441-4000
HOLT-KROCK DIALYSIS CENTER 1SDD DODSON AVE FT SMITH, AR 729D1 PROVIDER NO: 042SOI	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMD SELF-CARE: TRAININD: HEMO CAPD	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 0D020 CROSS-REFER NO:	HCFA REOION: 06 TOTAL STATIONS: D26 RENAL NETWORK: 10 PHONE:(SD1)7BS-2371
NORTH ARKANSAS DIALYSIS 123 JAYCEE AVE HARRISON, AR 726DI PROVIDER NO: 0425II	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO:	DATE APPROVED: 050986 OWNERSHIP: PROFIT INTERMEDIARY: 00D20 CROSS-REFER NO:	HCFA REOION: 06 TOTAL STATIONS: D04 RENAL NETWORK: 10 PHONE:(501)442-5295
KIDNEY CARE INC. P.O. BOX 427 HELENA, AR 72342 PROVIDER NO: D425I0	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMD PERI SELF-CARE: TRAININD:	DATE APPROVED: 031484 OWNERSHIP: NONPROFIT INTERMEDIARY: 00020 CROSS-REFER NO:	HCFA REOION: D6 TOTAL STATIONS: D04 RENAL NETWORK: 10 PHONE:(601)987-I000
OUACHITA REGIONAL DIALYSIS CTR INC 3IDO MALVERN AVE. SUITE 103 HOT SPRINGS, AR 7190I PROVIDER NO: D42507	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: D412B2 OWNERSHIP: PROFIT INTERMEDIARY: DDD2D CROSS-REFER NO:	HCFA REDION: D6 TOTAL STATIONS: D14 RENAL NETWORK: 1D PHONE:(SD1)624-0196
ST BERNARDS REOIONAL MEDICAL CTR 224 E MATTHEWS JONESBORO, AR 7240I PROVIDER NO: 040020	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 090578 OWNERSHIP: NONPROFIT INTERMEDIARY: 00020 CROSS-REFER NO:042303	HCFA REOION: 06 TOTAL STATIONS: D06 RENAL NETWORK: 10 PHONE:(5D1)972-4100
ST VINCENT INFIRMARY MARKHAM & UNIVERSITY LITTLE ROCK, AR 72201 PROVIOER NO: 040007	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININO: CAPD	DATE APPROVED: 041081 OWNERSHIP: NONPROFIT INTERMEDIARY: 00020 CROSS-REFER NO:042311	HCFA REOION: 06 TOTAL STATIONS: 009 RENAL NETWORK: 10 PHONE:(501)661-3000
UNIVERSITY OF ARKANSAS HOSP 4301 W MARKHAM LITTLE ROCK, AR 7220I PROVIOER NO: 040016	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00020 CROSS-REFER NO:042302	HCFA REOION: D6 TOTAL STATIONS: 009 RENAL NETWORK: 10 PHONE:(501)661-S000

STATE=ARKANSAS CONTINUED

VA MEDICAL CENTER ESRD 4300 W 7TH ST LITTLE ROCK, AR 72205 PROVIDER NO: D4D10F	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAININD: HEMO PERI CAPD	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00080 CROSS-REFER NO:042308	HCFA REGION: 06 TOTAL STATIONS: 021 RENAL NETWORK: 10 PHONE:(501)660-2030
BAPTIST MEDICAL CENTER 9601 INTERSTATE 630 EXIT 7 LITTLE ROCK, AR 72201 PROVIDER NO: 040114	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: PERI CAPD	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00020 CROSS-REFER NO:042309	HCFA REGION: 06 TOTAL STATIONS: 007 RENAL NETWORK: 10 PHONE:(501)227-2364
ARKANSAS CHILDRENS HOSP 804 WOLFE ST LITTLE ROCK, AR 72201 PROVIDER NO: D4D117	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: CAPD	DATE APPROVED: 011179 OWNERSHIP: NONPROFIT INTERMEDIARY: 00020 CROSS-REFER NO:042310	HCFA REGION: 06 TOTAL STATIONS: 006 RENAL NETWORK: 10 PHONE:(501)370-1100
BIO-MEDICAL APPLICATIONS OF ARKANSAS 5326 W MARKHAM SUITE 11 LITTLE ROCK, AR 72206 PROVIDER NO: D42S00	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD:	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 00020 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 020 RENAL NETWORK: 10 PHONE:(501)664-6802
BMA-PULASKI 2 LILE COURT LITTLE ROCK, AR 72205 PROVIDER NO: 042502	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAININD: HEMO	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 00020 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 016 RENAL NETWORK: 10 PHONE:(501)227-7384
KIDNEY DISEASE DIALYSIS CLINIC 1411 NORTH JACKSON MAGNOLIA, AR 71753 PROVIDER NO: D42S1S	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAININD: HEMO	DATE APPROVED: 090287 OWNERSHIP: PROFIT INTERMEDIARY: 00020 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 008 RENAL NETWORK: 10 PHONE:(501)773-1111
COMMUNITY DIALYSIS OF MOUNTAIN HOME CLD PLZ SHP CTR HWY 62 E & COLLEGE ST MOUNTAIN HOME, AR 72653 PROVIDER NO: D425D6	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAININD: HEMO CAPD	DATE APPROVED: 120379 OWNERSHIP: PROFIT INTERMEDIARY: 00020 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 010 RENAL NETWORK: 10 PHONE:(501)425-7300
CENTRAL AR DIALYSIS TRANSPLANTATION 2001 PERSHING CIR SUITE 18 N LITTLE ROCK, AR 72114 PROVIDER NO: D42S13	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAININD: HEMO PERI	DATE APPROVED: 071087 OWNERSHIP: PROFIT INTERMEDIARY: 00020 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 015 RENAL NETWORK: 10 PHONE:(000)000-0000
COMM DIALYSIS CTR OF PINE BLUFF 2703 W 28TH ST PINE BLUFF, AR 71603 PROVIDER NO: 042S06	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: HEMO CAPD	DATE APPROVED: 032680 OWNERSHIP: PROFIT INTERMEDIARY: 00020 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 016 RENAL NETWORK: 10 PHONE:(501)534-2211
COMMUNITY DIALYSIS SERVICES 2704 WEST MAIN RUSSELLVILLE, AR 72801 PROVIDER NO: D425D8	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININD: CAPD	DATE APPROVED: 100883 OWNERSHIP: PROFIT INTERMEDIARY: 0002D CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 007 RENAL NETWORK: 10 PHONE:(501)968-4787
CENTRAL AR DIALYSIS & TRANSPLANTATION 3210 LANDLEY SEARCY, AR 72143 PROVIDER NO: 042S14	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: HEMO	DATE APPROVED: 072987 OWNERSHIP: PROFIT INTERMEDIARY: 0002D CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 006 RENAL NETWORK: 10 PHONE:(501)268-4400

STATE=ARKANSAS CONTINUED

TEXARKANA KIDNEY DISEASE CTR 422 BEECH STREET TEXARKANA, AR 75502 PROVIDER NO: 042509	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO	DATE APPROVED: 050284 OWNERSHIP: PROFIT INTERMEDIARY: 00020 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 014 RENAL NETWORK: 10 PHONE: (501)773-1111
CRITTENDEN MEMORIAL HOSP 200 TYLER ST WEST MEMPHIS, AR 72301 PROVIDER NO: 040042	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00020 CROSS-REFER NO: 042304	HCFA REGION: 06 TOTAL STATIONS: 014 RENAL NETWORK: 18 PHONE: (501)735-1500

STATE=CALIFORNIA

ALHAMBRA COMMUNITY DIALYSIS UNIT 100 S RAYMONO AVE ALHAMBRA, CA 91801 PROVIDER NO: 052644	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 041486 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 012 RENAL NETWORK: 04 PHONE:(818)570-1152
NEOPHRON INC 2051 E CERRITOS AVE, SUITE BA ANAHEIM, CA 92806 PROVIDER NO: 052503	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 081777 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 012 RENAL NETWORK: 04 PHONE:(714)778-1530
ORANGE CO. DIALYSIS 1830 W. ROMNEYA DR ANAHEIM, CA 92801 PROVIDER NO: 052605	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 081577 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 022 RENAL NETWORK: 04 PHONE:(714)491-5861
COS-VICTOR VALLEY 18888 - HWY 18, STE 207 APPLE VALLEY, CA 92307 PROVIDER NO: 052561	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD CCPD	DATE APPROVED: 073080 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 009 RENAL NETWORK: 04 PHONE:(619)242-8311
DOLO COUNTRY DIALYSIS CTR 11720 EDUCATION ST AUBURN, CA 95603 PROVIDER NO: 052514	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 020685 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 006 RENAL NETWORK: 03 PHONE:(916)823-0676
MERCY HOSP-HEMODIALYSIS UNIT 2215 TRUXTUN AVE.P.O. BOX 119 BAKERSFIELD, CA 93302 PROVIDER NO: 050295	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 081877 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052339	HCFA REGION: 09 TOTAL STATIONS: 004 RENAL NETWORK: 04 PHONE:(805)327-3371
BMA-BAKERSFIELD 2431 F STREET BAKERSFIELD, CA 93301 PROVIDER NO: 052518	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: CAPD CCPD	DATE APPROVED: 080277 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 025 RENAL NETWORK: 04 PHONE:(805)325-2493
COMMUNITY DIALYSIS SERV OF BAKERSFIELD 5301 OFFICE PARK DR. STE 365 BAKERSFIELD, CA 93309 PROVIDER NO: 052635	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 110685 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 020 RENAL NETWORK: 04 PHONE:(805)232-2244
HERRICK HOSP & HEALTH CTR 2001 DWIGHT WAY BERKELEY, CA 94704 PROVIDER NO: 050087	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 031387 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052376	HCFA REGION: 09 TOTAL STATIONS: 000 RENAL NETWORK: 03 PHONE:(415)540-4548
BAYSIDE DIALYSIS CLINIC 2001 DWIGHT WAY BERKELEY, CA 94704 PROVIDER NO: 052587	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 040483 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 022 RENAL NETWORK: 03 PHONE:(415)540-4520
BERKELEY DIALYSIS, INC. 3017 TELEGRAPH AVE BERKELEY, CA 94705 PROVIDER NO: 052551	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 120386 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 016 RENAL NETWORK: 03 PHONE:(415)843-0627

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PIONEERS MEM HOSP HOIAL UNIT 207 W LEGION RO BRAWLEY, CA 92227 PROVIOER NO: 053502	FACILITY TYPE: OIALYSIS FACILITY-HOSP STAFF-ASSISTEO: HEMO SELF-CARE: TRAINING:	OATE APPROVEO: 081277 OWNERSHIP: NONPROFIT INTERMEOIARY: 00040 CROSS-REFER NO:	HCFA REOION: 09 TOTAL STATIONS: 010 RENAL NETWORK: 04 PHONE:(619)344-2120
BREA OIALYSIS INC 595 TAMARACK AVE STES A&B BREA, CA 92621 PROVIOER NO: 052621	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAINING: CAPO	OATE APPROVEO: 051585 OWNERSHIP: PROFIT INTERMEOIARY: 00040 CROSS-REFER NO:	HCFA REOION: 09 TOTAL STATIONS: 015 RENAL NETWORK: 04 PHONE:(714)990-0110
ST JOSEPH REGIONAL OIALYSIS CENTER 501 S. BUENA VISTA STREET BURBANK, CA 91505 PROVIOER NO: 052549	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPO CCPO	OATE APPROVEO: 083077 OWNERSHIP: PROFIT INTERMEOIARY: 00040 CROSS-REFER NO:	HCFA REOION: 09 TOTAL STATIONS: 015 RENAL NETWORK: 04 PHONE:(818)845-3364
COMMUNITY OIALYSIS SERV OF BURBANK 1821 WEST OLIVE AVE BURBANK, CA 91506 PROVIOER NO: 052637	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO	OATE APPROVEO: 012786 OWNERSHIP: PROFIT INTERMEOIARY: 00040 CROSS-REFER NO:	HCFA REOION: 09 TOTAL STATIONS: 020 RENAL NETWORK: 04 PHONE:(818)845-3996
SAN FERNANOO WEST KIONEY CENTER 7230 MEOICAL CENTER OR #101 CANOGA PARK, CA 91307 PROVIOER NO: 052588	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAINING: CAPO	OATE APPROVEO: 061583 OWNERSHIP: PROFIT INTERMEOIARY: 00040 CROSS-REFER NO:	HCFA REOION: 09 TOTAL STATIONS: 009 RENAL NETWORK: 04 PHONE:(818)888-4730
NEW WEST OIALYSIS 3785 VIA NONA MARIE CARMEL, CA 93923 PROVIOER NO: 052583	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAINING: HEMO CAPO	OATE APPROVEO: 080582 OWNERSHIP: PROFIT INTERMEOIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 010 RENAL NETWORK: 03 PHONE:(408)624-1204
NEW WEST OIALYSIS CLINIC 5120 MANZANITA AVE #160 CARMICHAEL, CA 95608 PROVIOER NO: 052604	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAINING: HEMO CAPO CCPO	OATE APPROVEO: 090584 OWNERSHIP: PROFIT INTERMEOIARY: 00040 CROSS-REFER NO:	HCFA REOION: 09 TOTAL STATIONS: 012 RENAL NETWORK: 03 PHONE:(916)338-4301
NEW WEST OIALYSIS 262 COHASSET LANE CHICO, CA 95926 PROVIDER NO: 052553	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAINING: HEMO CAPO	OATE APPROVEO: 082278 OWNERSHIP: PROFIT INTERMEOIARY: 00040 CROSS-REFER NO:	HCFA REOION: 09 TOTAL STATIONS: 008 RENAL NETWORK: 03 PHONE:(916)895-8966
PACIFICA KIONEY CENTER INC 670 L STREET SUITE G CHULA VISTA, CA 92010 PROVIDER NO: 052646	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: SELF-CARE: HEMO TRAINING: HEMO	OATE APPROVEO: 060486 OWNERSHIP: PROFIT INTERMEOIARY: 00040 CROSS-REFER NO:	HCFA REOION: 09 TOTAL STATIONS: 000 RENAL NETWORK: 04 PHONE:(619)691-0300
NEW WEST OIALYSIS CLINICS, INC 6406 TUPEOLO OR, STE A CITRUS HEIGHTS, CA 95621 PROVIOER NO: 052663	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAINING: HEMO	OATE APPROVEO: 061587 OWNERSHIP: PROFIT INTERMEOIARY: 00040 CROSS-REFER NO:	HCFA REOION: 09 TOTAL STATIONS: 013 RENAL NETWORK: 03 PHONE:(916)920-0256
COMPTON COMMUNITY HEMODIALYSIS CENTER 801 W COMPTON BLVO COMPTON, CA 90220 PROVIOER NO: 052522	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAINING:	OATE APPROVEO: 080377 OWNERSHIP: PROFIT INTERMEOIARY: 51051 CROSS-REFER NO:	HCFA REOION: 09 TOTAL STATIONS: 020 RENAL NETWORK: 04 PHONE:(213)637-9026

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MT DIABLO HOSP MED CTR 2540 EAST ST CONCORD, CA 94520 PROVIDER NO: 050496	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 081677 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052354	HCFA REGION: 09 TOTAL STATIONS: 016 RENAL NETWORK: 03 PHONE:(415)674-2465
CORONA HEMODIALYSIS CENTER 1820 FULLERTON AVE, STE 180 CORONA, CA 91719 PROVIDER NO: 052661	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 081887 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 014 RENAL NETWORK: 04 PHONE:( ) -
BROTMAN MEMORIAL HOSP-HEMO ACUTE 3828 HUGHES AVENUE CULVER CITY, CA 90230 PROVIDER NO: 050144	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 081177 OWNERSHIP: NONPROFIT INTERMEDIARY: 51051 CROSS-REFER NO:052324	HCFA REGION: 09 TOTAL STATIONS: 000 RENAL NETWORK: 04 PHONE:(213)836-7000
CULVER CITY DIALYSIS SERVICES 9808 VENICE BLVD STE 300 CULVER CITY, CA 90230 PROVIDER NO: 052544	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 081477 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 019 RENAL NETWORK: 04 PHONE:(213)836-2237
COMMUNITY DIALYSIS SERVICES 1498 SOUTHGATE AVE DALY CITY, CA 94015 PROVIDER NO: 052546	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 021 RENAL NETWORK: 03 PHONE:(415)755-4751
DOWNEY DIALYSIS CTR 8630 FLORENCE AVE DOWNEY, CA 90240 PROVIDER NO: 052574	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 083181 OWNERSHIP: PROFIT INTERMEDIARY: 51051 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 014 RENAL NETWORK: 04 PHONE:(213)923-6741
EAST BAY DIALYSIS MEDICAL CLINIC 118038 DUBLIN BLVD #100 DUBLIN, CA 94566 PROVIDER NO: 052668	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 021081 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 012 RENAL NETWORK: 03 PHONE:(415)829-9630
OHO DIALYSIS CTR 568 BROADWAY EL CAJON, CA 92020 PROVIDER NO: 053503	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 081777 OWNERSHIP: NONPROFIT INTERMEDIARY: 51051 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 019 RENAL NETWORK: 04 PHONE:(619)444-2178
GROSSMONT/EAST COUNTY DIALYSIS CENTER 568 E BROADWAY EL CAJON, CA 92020 PROVIDER NO: 052662	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI	DATE APPROVED: 100187 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 025 RENAL NETWORK: 04 PHONE:(619)444-2178
PALOMAR MEM HOSP-HEMODIALYSIS 550 E ORANO AVE ESCONDIDO, CA 92025 PROVIDER NO: 050115	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 081777 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052319	HCFA REGION: 09 TOTAL STATIONS: 004 RENAL NETWORK: 04 PHONE:(619)489-4764
NORTH COUNTY DIALYSIS CTR 130 SOUTH FIG ST ESCONDIDO, CA 92025 PROVIDER NO: 052525	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 042277 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 010 RENAL NETWORK: 04 PHONE:(619)743-4401

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BMA OF EUREKA-ARCATA 27D1 HARRISON AVENUE EUREKA, CA 9SSD1 PROVIDER NO: DS2S43	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: HEMO CAPO	OATE APPROVED: 081777 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REOION: 09 TOTAL STATIONS: 0D8 RENAL NETWORK: 03 PHONE:(707)44S-2D33
FAIRFIELD DIALYSIS CLINIC 171D PENNSYLVANIA AVE #C FAIRFIELD, CA 94S33 PROVIDER NO: DS261B	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: HEMO CAPD	DATE APPROVED: 0329B6 OWNERSHIP: PROFIT INTERMEOIARY: 00040 CROSS-REFER NO:	HCFA REOION: 09 TOTAL STATIONS: 006 RENAL NETWORK: 03 PHONE:(707)42S-031S
COS-FOUNTAIN VALLEY 17197 NEWHOPE AVE STE.A FOUNTAIN VALLEY, CA 927DB PROVIDER NO: OS2S93	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	OATE APPROVEO: 091603 OWNERSHIP: PROFIT INTERMEOIARY: 0004D CROSS-REFER NO:	HCFA REOION: 09 TOTAL STATIONS: D20 RENAL NETWORK: D4 PHONE:(714)241-D196
WASHINGTON HOSP 2DDD MOWRY AVE FREMONT, CA 94S3B PROVIDER NO: DSD19S	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	OATE APPROVEO: 081S77 OWNERSHIP: NONPROFIT INTERMEOIARY: 0004D CROSS-REFER NO:0S2330	HCFA REOION: 09 TOTAL STATIONS: 011 RENAL NETWORK: 03 PHONE:(41S)797-1111
FRESNO COMM HOSP & MED CTR P.O. BOX 1232 FRESNO, CA 9371S PROVIOER NO: 0SDD6D	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPO CCPD	OATE APPROVEO: D72081 OWNERSHIP: NONPROFIT INTERMEOIARY: DOD40 CROSS-REFER NO:0S2372	HCFA REOION: 09 TOTAL STATIONS: 008 RENAL NETWORK: 03 PHONE:(209)442-39D1
VALLEY MEDICAL RENAL CTR 44S S CEDAR AVE FRESNO, CA 93702 PROVIDER NO: OSD213	FACILITY TYPE: OIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	OATE APPROVED: D82S77 OWNERSHIP: NONPROFIT INTERMEOIARY: DOD4D CROSS-REFER NO:0S2332	HCFA REOION: 09 TOTAL STATIONS: D12 RENAL NETWORK: 03 PHONE:(209)4S3-4461
FRESNO DIALYSIS CLINIC SODD EAST UNIVERSITY FRESNO, CA 93627 PROVIDER NO: DS2S27	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAININD: HEMO	OATE APPROVEO: 080277 OWNERSHIP: NONPROFIT INTERMEOIARY: 00040 CROSS-REFER NO:	HCFA REDION: 09 TOTAL STATIONS: D20 RENAL NETWORK: 03 PHONE:(209)2S2-1932
COMMUNITY OIALYSIS SVCS OF FRESNO 472D W JENNIFER, STE 1DS FRESNO, CA 93711 PROVIDER NO: DS26D8	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAININO: HEMO CAPO	OATE APPROVEO: 072D84 OWNERSHIP: PROFIT INTERMEDIARY: D0040 CROSS-REFER NO:	HCFA REDION: 09 TOTAL STATIONS: 020 RENAL NETWORK: 03 PHONE:(209)276-1671
GARDEN GROVE ARTIFICIAL KIDNEY CTR 126D1 GAROEN GROVE BLVD GARDEN GROVE, CA 92643 PROVIDER NO: 0S2617	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAINING:	DATE APPROVEO: 120184 OWNERSHIP: PROFIT INTERMEOIARY: D0040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 001 RENAL NETWORK: 04 PHONE:(714)S37-S160
BEACH CITIES DIALYSIS 2D1S W REDONDO BEACH BLVD,#E GARDENA, CA 9D247 PROVIDER NO: DS2S81	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD:	OATE APPROVED: 080S82 OWNERSHIP: PROFIT INTERMEOIARY: 00040 CROSS-REFER NO:	HCFA REDION: 09 TOTAL STATIONS: 013 RENAL NETWORK: D4 PHONE:(213)S1S-0700
GLENDALE HEMOOIALYSIS FACILITY 1S60 E. CHEVY CHASE OR., # 160 GLENDALE, CA 91206 PROVIDER NO: 0S2SS7	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: HEMO TRAINING: HEMO	DATE APPROVED: 06D179 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REOION: 09 TOTAL STATIONS: 016 RENAL NETWORK: D4 PHONE:(81B)240-997D

STATE=CALIFORNIA CONTINUED

COS - OLENOALE 1000 EAST PALMER OLENOALE, CA 91206 PROVIOER NO: 052632	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO PERI SELF-CARE: TRAININO: HEMO	OATE APPROVEO: 0913B5 OWNERSHIP: PROFIT INTERMEOIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 022 RENAL NETWORK: 04 PHONE:(B1B)241-63B2
OLENOORA COMM HOSP 122 W ALOSTA AVE, #23 OLENOORA, CA 91740 PROVIOER NO: 060206	FACILITY TYPE: OIALYSIS CENTER STAFF-ASSISTEO: SELF-CARE: TRAININO: CAPO	OATE APPROVEO: 080277 OWNERSHIP: PROFIT INTERMEOIARY: 00040 CROSS-REFER NO:052331	HCFA REGION: 09 TOTAL STATIONS: 000 RENAL NETWORK: 04 PHONE:(213)335-0231
OLENOORA ARTIFICIAL KIONEY CTR 130 W ALOSTA AVE OLENOORA, CA 91740 PROVIOER NO: 062666	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAININO: CAPO	OATE APPROVEO: 0901B0 OWNERSHIP: PROFIT INTERMEOIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 022 RENAL NETWORK: 04 PHONE:(B18)963-6096
6ACREO HEART OIALYSIS CENTER 900 NORTH OOUTY HANFORO, CA 93230 PROVIOER NO: 06262B	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAININO:	OATE APPROVEO: 0805B5 OWNERSHIP: PROFIT INTERMEOIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 007 RENAL NETWORK: 04 PHONE:(209)5B2-4339
BAY HARBOR OIALYSIS 1437 W LOMITA OLVO HARBOR CITY, CA 90710 PROVIOER NO: 052626	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAININO: CAPO	OATE APPROVEO: 0901B5 OWNERSHIP: NONPROFIT INTERMEOIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 001 RENAL NETWORK: 04 PHONE:(213)325-1221
EAST OAY OIALYSIS 21313 FOOTHILL BLVO HAYWARO, CA 94541 PROVIOER NO: 052540	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: HEMO TRAININO: HEMO CAPO CCPO	OATE APPROVEO: 081B77 OWNERSHIP: PROFIT INTERMEOIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 023 RENAL NETWORK: 03 PHONE:(415)BB1-B48B
ORANOE COUNTY OIALYSIS WEST 16892 BOLSA CHICA RO HUNTINOTON OEACH, CA 92649 PROVIOER NO: 062641	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAININO:	OATE APPROVEO: 0206B6 OWNERSHIP: PROFIT INTERMEOIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 007 RENAL NETWORK: 04 PHONE:(714)B46-2102
INOIO OIALYSIS CENTER 81880 OOCTOR CARREON BLVO-A103 INOIO, CA 92201 PROVIOER NO: 052658	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: HEMO PERI TRAININO: HEMO PERI	OATE APPROVEO: 030887 OWNERSHIP: PROFIT INTERMEOIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 010 RENAL NETWORK: 04 PHONE:(619)347-0707
COMMUNITY OIALYSIS SVCS-INOLEWOOO 501 E HAROY ST #100 INOLEWOOO, CA 90307 PROVIOER NO: 05253B	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAININO: CAPO CCPO	OATE APPROVEO: 081577 OWNERSHIP: PROFIT INTERMEOIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 030 RENAL NETWORK: 04 PHONE:(213)677-6114
COS - LA BREA 101 N LA BREA BLVO STE O INOLEWOOO, CA 90301 PROVIOER NO: 05259B	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO PERI SELF-CARE: TRAININO: HEMO	OATE APPROVEO: 0605B4 OWNERSHIP: PROFIT INTERMEOIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 020 RENAL NETWORK: 04 PHONE:(213)673-8060
PACIFIC COAST OIALYSIS CTR 1416 CENTINELA AVE INGLEWOOO, CA 90301 PROVIOER NO: 052634	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAINING:	OATE APPROVEO: 112085 OWNERSHIP: PROFIT INTERMEOIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 017 RENAL NETWORK: 04 PHONE:(213)673-6866

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GROSSMONT HOSP 5555 GROSSMONT CENTER DR BOX 158 LA MESA, CA 92041 PROVIDER NO: 050026	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 081177 OWNERSHIP: NONPROFIT INTERMEDIARY: 51051 CROSS-REFER NO:052303	HCFA REGION: 09 TOTAL STATIONS: 006 RENAL NETWORK: 04 PHONE:(619)465-0711
CDN-LA PALMA 5451 LA PALMA AVE STE 35 LA PALMA, CA 90623 PROVIDER NO: 052627	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 071186 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 007 RENAL NETWORK: 04 PHONE:(714)523-6970
COMMUNITY DIALYSIS SERV OF LA PUENTE 1639 N. HACIENDA BLVD LA PUENTE, CA 91714 PROVIDER NO: 052639	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 012786 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 022 RENAL NETWORK: 04 PHONE:(818)917-7118
BURTEC HEMODIALYSIS UNIT 9870 GENESEE AVE LAJOLLA, CA 92037 PROVIDER NO: 052547	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 082677 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 020 RENAL NETWORK: 04 PHONE:(619)453-9070
LAKE COUNTY DIALYSIS 800 ELEVENTH ST NO 2 LAKEPORT, CA 95453 PROVIDER NO: 052601	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: PERI CAPD	DATE APPROVED: 091784 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 005 RENAL NETWORK: 03 PHONE:(707)263-7132
LAKEWOOD DIALYSIS UNIT 4131 E SOUTH ST LAKEWOOD, CA 90712 PROVIDER NO: 052539	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 080477 OWNERSHIP: PROFIT INTERMEDIARY: 51051 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 015 RENAL NETWORK: 04 PHONE:(213)633-7441
ANTELOPE VALLEY DIALYSIS FACILITY 44203 N 15TH ST WEST LANCASTER, CA 93534 PROVIDER NO: 052521	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 080577 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 010 RENAL NETWORK: 04 PHONE:(805)945-5894
SATELLITE DIALYSIS CENTER 5 BON AIR RD SUITE 119 LARKSPURO, CA 94939 PROVIDER NO: 052526	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 081077 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 012 RENAL NETWORK: 03 PHONE:(415)924-8622
LOMA LINDA UNIVERSITY MEDICAL CENTER 11234 ANDERSON ST LOMA LINDA, CA 92354 PROVIDER NO: 050327	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 081277 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052342	HCFA REGION: 09 TOTAL STATIONS: 007 RENAL NETWORK: 04 PHONE:(714)796-7311
LOMA LINDA DIALYSIS SERVICES 1137S ANDERSON STREET LOMA LINDA, CA 92354 PROVIDER NO: 052550	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 120277 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 020 RENAL NETWORK: 04 PHONE:(714)796-7311
ST MARY MEDICAL CTR-HEMO UNIT 1050 LINDEN AVE LONG BEACH, CA 90813 PROVIDER NO: 050191	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD CCPD	DATE APPROVED: 010887 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052328	HCFA REGION: 09 TOTAL STATIONS: 013 RENAL NETWORK: 04 PHONE:(213)491-9240

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BMA-LONO BEACH 1046 ALTANTIC AVE NO 108 LONO BEACH, CA 90813 PROVIOER NO: 052S23	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAININO:	OATE APPROVEO: 080S77 OWNERSHIP: PROFIT INTERMEOIARY: 00040 CROSS-REFER NO:	HCFA REOION: 09 TOTAL STATIONS: 018 RENAL NETWORK: 04 PHONE:(213)432-4444
MEMORIAL HOSP OF LONO OEACH/CON 2880 ATLANTIC AVE LONO OEACH, CA 90806 PROVIOER NO: 053508	FACILITY TYPE: OIALYSIS FACILITY-HOSP STAFF-ASSISTEO: HEMO SELF-CARE: TRAININO: CAPO	OATE APPROVEO: 070184 OWNERSHIP: NONPROFIT INTERMEOIARY: S1051 CROSS-REFER NO:	HCFA REOION: 09 TOTAL STATIONS: 00S RENAL NETWORK: 04 PHONE:(213)427-4006
LOS ALAMITOS HEMOOIALYSIS CENTER 3810 KATELLA AVENUE LOS ALAMITO6, CA 90720 PROVIOER NO: 052616	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO. HEMO SELF-CARE: TRAININO: CAPO	OATE APPROVEO: 081577 OWNERSHIP: PROFIT INTERMEOIARY: 510S1 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 024 RENAL NETWORK: 04 PHONE:(213)598-9527
KAISER FOUNOATION HOSP-HEMO 6 NORTH 4867 SUNSET BLVO LOS ANOELES, CA 90027 PROVIOER NO: 050138	FACILITY TYPE: OIALYSIS CENTER STAFF-ASSISTEO: HEMO SELF-CARE: TRAININO: HEMO CAPO	OATE APPROVEO: 072577 OWNERSHIP: NONPROFIT INTERMEOIARY: 5I05I CROSS-REFER NO:OS2323	HCFA REOION: 09 TOTAL STATIONS: 018 RENAL NETWORK: 04 PHONE:(213)667-5S79
U C L A HOSP CTR FOR HEALTH SCIENCES 10833 LE CONTE AVE CHS S2-167 LOS ANOELES, CA 90024 PROVIOER NO: 050262	FACILITY TYPE: TRANSPLANT/OIALYSIS CTR STAFF-ASSISTEO: HEMO PERI SELF-CARE: TRAININO: HEMO PERI CAPO CCPO	OATE APPROVEO: 082677 OWNERSHIP: NONPROFIT INTERMEOIARY: 00040 CROSS-REFER NO:OS2336	HCFA REGION: 09 TOTAL STATIONS: 008 RENAL NETWORK: 04 PHONE:(213)82S-25S0
LOS ANOELES COUNTY USC MEOICAL CENTER 1200 N STATE ST LOS ANOELES, CA 90033 PROVIOER NO: 050373	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTEO: SELF-CARE: TRAININO:	OATE APPROVEO: 020184 OWNERSHIP: NONPROFIT INTERMEOIARY: 00040 CROSS-REFER NO:052344	HCFA REGION: 09 TOTAL STATIONS: 000 RENAL NETWORK: 04 PHONE:(213)226-730I
ST VINCENT MEOICAL CENTER 2131 W 3RO ST LOS ANOELES, CA 900S7 PROVIOER NO: 050502	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTEO: SELF-CARE: TRAININO:	OATE APPROVEO: 081777 OWNERSHIP: NONPROFIT INTERMEOIARY: 00040 CROSS-REFER NO:05235S	HCFA REGION: 09 TOTAL STATIONS: 000 RENAL NETWORK: 04 PHONE:(213)484-7I1I
MARTIN LUTHER KINO JR OEN HOSP 12021 S WILMINOTON AVE LOS ANOELES, CA 90059 PROVIOER NO: 050578	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTEO: SELF-CARE: TRAININO:	OATE APPROVEO: 081177 OWNERSHIP: NONPROFIT INTERMEOIARY: 00040 CROSS-REFER NO:OS2359	HCFA REGION: 09 TOTAL STATIONS: 000 RENAL NETWORK: 04 PHONE:(213)603-520I
CEOARS-SINAI MEOICAL CENTER 8700 BEVERLY BLVO LOS ANOELES, CA 90048 PROVIOER NO: 050625	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTEO: SELF-CARE: TRAININO:	OATE APPROVEO: 021384 OWNERSHIP: NONPROFIT INTERMEOIARY: 00040 CROSS-REFER NO:052364	HCFA REOION: 09 TOTAL STATIONS: 000 RENAL NETWORK: 04 PHONE:(213)855-5000
USHAWL, INC.-TEMPLE 2723 W TEMPLE ST LOS ANOELES, CA 90026 PROVIOER NO: 052509	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAININO:	OATE APPROVEO: 072577 OWNERSHIP: PROFIT INTERMEOIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 035 RENAL NETWORK: 04 PHONE:(213)384-0995
USHAWL INC-OOCTOR'S 706 E 32NO ST LOS ANOELES, CA 90011 PROVIOER NO: 052S16	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAININO: CAPO	OATE APPROVEO: 081377 OWNERSHIP: PROFIT INTERMEOIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 042 RENAL NETWORK: 04 PHONE:(213)233-7I01

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USHAWL INC-WESTSIDE 934 SOUTH FAIRFAX AVE LOS ANGELES, CA 90036 PROVIDER NO: 052517	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 081077 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 010 RENAL NETWORK: 04 PHONE: (213) 931-1311
EAST L A KIDNEY CTR 5260 E POMONA BLVD LOS ANGELES, CA 90022 PROVIDER NO: 052577	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO PERI TRAINING: HEMO PERI	DATE APPROVED: 122381 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 012 RENAL NETWORK: 04 PHONE: (213) 721-1800
ST VINCENT DIALYSIS CTR INC 201 S ALVARADO ST #220 LOS ANGELES, CA 90057 PROVIDER NO: 052582	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: CAPD	DATE APPROVED: 090182 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 017 RENAL NETWORK: 04 PHONE: (213) 484-7425
MLK KIDNEY CENTER 11859 COMPTON AVE LOS ANGELES, CA 90059 PROVIDER NO: 052590	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 071983 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 006 RENAL NETWORK: 04 PHONE: (213) 563-1140
BEVERLY HILLS DIALYSIS CTR 8762 W PICO BLVD LOS ANGELES, CA 90035 PROVIDER NO: 052599	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 010184 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 021 RENAL NETWORK: 04 PHONE: (213) 205-7924
LAC/USC MEDICAL CENTER 1200 N STATE ST, RM 4017 LOS ANGELES, CA 90033 PROVIDER NO: 052595	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 122382 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 010 RENAL NETWORK: 04 PHONE: (213) 224-7612
WHITE MEMORIAL KIDNEY CENTER 1720 BROOKLYN AVE LOS ANGELES, CA 90033 PROVIDER NO: 052622	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 041185 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 011 RENAL NETWORK: 04 PHONE: (213) 268-5000
LOS ANGELES DIALYSIS TRAINING CTR 2080 CENTURY PARK EAST, STE 1801 LOS ANGELES, CA 90067 PROVIDER NO: 052625	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: SELF-CARE: TRAINING: CAPD	DATE APPROVED: 072485 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 000 RENAL NETWORK: 04 PHONE: (213) 284-8111
WILSHIRE DIALYSIS CENTER 1212 WILSHIRE BLVD LOS ANGELES, CA 90017 PROVIDER NO: 052631	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 090985 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 015 RENAL NETWORK: 04 PHONE: (213) 482-5181
CHILDREN'S HOSP OF LOS ANGELES 4650 SUNSET BLVD LOS ANGELES, CA 90027 PROVIDER NO: 053302	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: HEMO PERI TRAINING: CAPD CCPD	DATE APPROVED: 030184 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO: 05232I	HCFA REGION: 09 TOTAL STATIONS: 010 RENAL NETWORK: 04 PHONE: (213) 669-2102
MIDWAY DIALYSIS CENTER INC. 5901 W OLYMPIC RD, STE 109 LOS ANGELES, CA 90019 PROVIDER NO: 052640	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 013186 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 008 RENAL NETWORK: 04 PHONE: (213) 930-6008

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USHAWL-CEDARS SINAI TOWERS 8635 W THIRD, SUITE 56DW LOS ANDELES, CA 90048 PROVIDER NO: D52643	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININD: HEMD PERI CAPD	DATE APPROVED: 070186 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER ND:	HCFA REDION: 09 TOTAL STATIONS: 020 RENAL NETWORK: 04 PHDNE:(213)855-1742
SPECIAL CARE DIALYSIS 3233 W PICO DLVD LOS ANDELES, CA 90019 PRDVIDER NO: D62656	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD:	DATE APPRDVED: 030487 OWNERSHIP: PRDFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TDTAL STATIONS: 008 RENAL NETWDRK: 04 PHONE:(*) -
WEST VALLEY DIALYSIS CTR 14651 S BASCOM AVE #100 LDS DATOS, CA 95030 PRDVIDER ND: D62606	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMD PERI SELF-CARE: HEMD PERI TRAININD: HEMD PERI CAPD	DATE APPROVED: 100284 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 015 RENAL NETWORK: 03 PHONE:(408)358-3791
KIDNEY DIALYSIS CARE UNITS 3600 E CENTURY BLVD LYNWDOD, CA 90262 PRDVIDER NO: D52502	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMD SELF-CARE: HEMD TRAININD:	DATE APPROVED: 081377 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 020 RENAL NETWORK: 04 PHDNE:(213)639-6320
SATELLITE DIALYSIS 585 DLENWDOD MENLO PARK, CA 94025 PRDVIDER ND: D52551	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMD SELF-CARE: HEMD TRAININD: HEMD CAPD	DATE APPROVED: 120577 DWNERSHIP: NDNPROFIT INTERMEDIARY: 00040 CRDSS-REFER NO:	HCFA REDION: 09 TDTAL STATIONS: 013 RENAL NETWORK: 03 PHONE:(415)328-8170
MERCED DIALYSIS CENTER 200 E 15TH ST MERCED, CA 95340 PROVIDER NO: D52584	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: HEMO	DATE APPROVED: 110882 DWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 010 RENAL NETWORK: 03 PHDNE:(209)723-0439
HDLY CRDSS RENAL CENTER 14935 RINALDI ST, #101 MISSION HILLS, CA 91345 PRDVIDER NO: D52658	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: CAPD	DATE APPROVED: 120179 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REDIDN: 09 TOTAL STATIONS: 015 RENAL NETWDRK: 04 PHONE:(818)365-6961
MISSION HILLS KIDNEY CTR 11550 INDIAN HILLS RD MISSION HILLS, CA 91345 PRDVIDER ND: D52633	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAININD: CCPD	DATE APPROVED: 102885 OWNERSHIP: PROFIT INTERMEDIARY: 0004D CROSS-REFER NO:	HCFA REDIDN: 09 TOTAL STATIONS: 015 RENAL NETWORK: 04 PHONE:(818)898-1724
MISSION DIALYSIS INC 27800 MEDICAL CENTER RD #460 MISSION VIEJO, CA 92691 PRDVIDER NO: D52597	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININD:	DATE APPROVED: 050184 DWNERSHIP: PRDFIT INTERMEDIARY: 00040 CROSS-REFER ND:	HCFA REDION: 09 TOTAL STATIONS: 006 RENAL NETWORK: 04 PHDNE:(714)364-5501
SATELLITE DIALYSIS CENTER 1329 SPANOS CT,BLOO D MODESTD, CA 95355 PRDVIDER ND: D52531	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININD: HEMO PERI CAPD CCPD	DATE APPROVED: 081077 OWNERSHIP: NONPROFIT INTERMEDIARY: 0004D CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 021 RENAL NETWDRK: 03 PHONE:(209)578-0691
BEVERLY DIALYSIS 100 W HARDING ST MONTEBELLO, CA 90640 PRDVIDER ND: D52542	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAININD: CAPD	DATE APPROVED: 080977 DWNERSHIP: PRDFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REDION: 09 TDTAL STATIONS: 009 RENAL NETWORK: 04 PHONE:(213)726-1412

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DARFIELO HEMODIALY5IS CENTER 11B HILLIARD AVE MONTEREY PARK, CA 917S4 PRDVIOER ND: D52564	FACILITY TYPE: DIALY5I5 FACILITY 5TAFF-A55I5TED: HEMO SELF-CARE: TRAINING: CAPO	DATE APPRDVEO: D9128D OWNER5HIP: PROFIT INTERMEOIARY: 51051 CRO55-REFER NO:	HCFA REOIDN: 09 TOTAL 5TATIDNS: 020 RENAL NETWORK: 04 PHONE:(818)288-S796
EL CAMINO HO5P 2SDD GRANT RO MOUNTAIN VIEW, CA 94040 PRDVIDER ND: DSD308	FACILITY TYPE: OIALYSIS CENTER 5TAFF-ASSISTEO: HEMO 5ELF-CARE: TRAININO: HEMO CAPO CCPD	OATE APPROVEO: 081277 OWNER5HIP: NDNPROFIT INTERMEDIARY: 0D04D CRO55-REFER NO:052341	HCFA REOIDN: 09 TOTAL STATIDN5: D22 RENAL NETWORK: 03 PHONE:(415)940-7015
NAPA VALLEY COMMUNITY OIALYSI5 11DD TRANCAS 5T 5UITE 267 NAPA, CA 94558 PRDVIDER ND: DS2565	FACILITY TYPE: OIALY5I5 FACILITY STAFF-A55ISTED: HEMO PERI 5ELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVEO: 101580 OWNER5HIP: PROFIT INTERMEOIARY: 00040 CRD55-REFER ND:	HCFA REOIDN: 09 TDTAL STATIONS: D07 RENAL NETWORK: 03 PHONE:(707)224-6533
NAPA DIALY5IS CLINIC 323D 8EARD RD NAPA, CA 94558 PROVIOER ND: 052615	FACILITY TYPE: DIALYSI5 FACILITY STAFF-A55ISTED: HEMO PERI SELF-CARE: TRAININD: HEMO CAPO	OATE APPRDVEO: 032SBS OWNERSHIP: PROFIT INTERMEDIARY: 0D040 CRDSS-REFER NO:	HCFA REOION: 09 TDTAL 5TATIDNS: D07 RENAL NETWORK: 03 PHDNE:(707)253-B937
BMA-5OUTH BAY 303 W 26TH 5T NATIONAL CITY, CA 92050 PROVIDER NO: OS2S36	FACILITY TYPE: OIALYSIS FACILITY STAFF-A55I5TED: HEMO 5ELF-CARE: TRAINING: CAPD	OATE APPRDVEO: 081277 OWNERSHIP: PRDFIT INTERMEOIARY: 00040 CRD5S-REFER NO:	HCFA REOIDN: 09 TDTAL STATION5: 022 RENAL NETWDRK: 04 PHONE:(619)474-8151
HOAG MEMORIAL HO5P PRESBYTERIAN 3D1 NEWPORT 8LVD NEWPORT BEACH, CA 92663 PRDVIDER NO: DSD224	FACILITY TYPE: OIALY5I5 CENTER STAFF-A55I5TED: HEMO 5ELF-CARE: TRAININD:	DATE APPRDVEO: D31280 OWNER5HIP: NDNPRDFIT INTERMEDIARY: 0D04D CRO5S-REFER NO:OS2366	HCFA REOION: 09 TOTAL STATION5: 008 RENAL NETWORK: D4 PHONE:(714)760-S900
NDRTHRIOGE HO5PITAL FDUNDATION-CDN 1851B RDSCDE BLVO NDRTHRIOGE, CA 91324 PROVIDER ND: DSD116	FACILITY TYPE: INPATIENT ONLY STAFF-A55I5TED: 5ELF-CARE: TRAINING:	OATE APPRDVEO: 010179 DWNERSHIP: NONPRDFIT INTERMEOIARY: 0004D CRDSS-REFER NO:D6232D	HCFA REOION: 09 TOTAL STATIDN5: 0DO RENAL NETWORK: 04 PHONE:(213)8BS-B500
CLINISHARE DIALYSIS NETWDRK-NDRTHRIOGE 1BS1B RDSCDE 8LVD NDRTHRIDGE, CA 91324 PRDVIDER ND: 052S4S	FACILITY TYPE: DIALY5I5 FACILITY STAFF-A5SISTED: HEMO 5ELF-CARE: TRAINING: CAPD	OATE APPROVED: 081577 DWNER5HIP: PRDFIT INTERMEDIARY: 00040 CRDSS-REFER NO:	HCFA REOION: 09 TOTAL 5TATIONS: D1S RENAL NETWDRK: 04 PHONE:(818)886-3771
8MA OIALY5I5 OF OAKLAND 3100 5UMMIT ST SD. BLDG. DAKLAND, CA 94609 PRDVIDER ND: DS2S34	FACILITY TYPE: DIALY5I5 FACILITY STAFF-A55ISTED: HEMO SELF-CARE: TRAININD: CAPD	OATE APPROVEO: 081577 OWNERSHIP: PROFIT INTERMEOIARY: 0D04D CRDSS-REFER NO:	HCFA REOIDN: 09 TDTAL 5TATIDN5: D25 RENAL NETWORK: D3 PHONE:(415)B93-206D
BMA DF ALAMEDA CDUNTY INC 1D700 MACARTHUR 8LVD #14 DAKLAND, CA 946DS PRDVIOER ND: 052586	FACILITY TYPE: DIALY5I5 FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAININD: HEMO	OATE APPROVED: D323B3 DWNERSHIP: PROFIT INTERMEOIARY: 00040 CRO55-REFER ND:	HCFA REOION: 09 TOTAL STATIDNS: D16 RENAL NETWDRK: D3 PHONE:(415)569-1997
PIEDMONT DIALY5IS INC 4341 PIEDMONT AVE DAKLAND, CA 94611 PROVIDER NO: DS261D	FACILITY TYPE: DIALY5IS FACILITY STAFF-A55I5TEO: HEMO 5ELF-CARE: TRAINING: HEMO CAPD	DATE APPROVEO: 011485 OWNER5HIP: PROFIT INTERMEOIARY: DDD40 CRDSS-REFER NO:	HCFA REOIDN: 09 TOTAL 5TATION5: 015 RENAL NETWORK: 03 PHDNE:(41S)42B-1188

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TRI-CITY HOSP RED DIALYSIS CTR 4D10 VISTA WAY OCEANSIDE, CA 92D56 PROVIDER NO: D63511	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININD: CAPD	DATE APPROVED: 101284 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 008 RENAL NETWORK: 04 PHONE:( ) -
ST JOSEPH HOSP HEMO UNIT-SR. ELIZ DLDD 1100 W STEWART DRIVE ORANDE, CA 92668 PROVIDER NO: D6DD69	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININD: HEMO PERI CAPD CCPD	DATE APPROVED: 081577 OWNERSHIP: NONPROFIT INTERMEDIARY: 51051 CROSS-REFER NO:0523II	HCFA REGION: 09 TOTAL STATIONS: 020 RENAL NETWORK: 04 PHONE:(714)633-911I
UNIV OF CA-IRVINE MED CTR 1D1 CITY DRIVE SOUTH ORANOE, CA 92668 PROVIDER NO: D6D348	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAININD:	DATE APPROVED: 070183 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052343	HCFA REGION: 09 TOTAL STATIONS: 000 RENAL NETWORK: 04 PHONE:(714)634-575I
UC IRVINE RENAL DIALYSIS CENTER 1D1 CITY OR SOUTH BLDD 24 ORANOE, CA 92668 PROVIDER NO: 052589	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: CAPD CCPD	DATE APPROVED: 070183 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 007 RENAL NETWORK: 04 PHONE:(714)634-5555
DIALYSIS CENTER OF VENTURA CTY-OXNARD 333 NORTH F ST OXNARD, CA 93D3D PROVIDER NO: D5265D	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: CAPD	DATE APPROVED: 100186 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 019 RENAL NETWORK: 04 PHONE:(805)487-786I
COMMUNITY DIALYSIS SVCS-SAN FERNANDO 1299D BRANFORD UNIT P PACOIMA, CA 91331 PROVIDER NO: D52529	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: HEMO PERI CAPD	DATE APPROVED: 072277 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 018 RENAL NETWORK: 04 PHONE:(818)768-0770
PALM DESERT DIALYSIS CENTER 41-4D1 CORPORATE WAY PALM DESERT, CA 9226D PROVIDER NO: D52657	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO PERI TRAININD: HEMO PERI	DATE APPROVED: 031687 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REOION: 09 TOTAL STATIONS: 015 RENAL NETWORK: 04 PHONE:(619)323-II55
DESERT DIALYSIS MEDICAL CLINIC INC 345 TACHEVAH ST,SUITE #9 PALM SPRINDS, CA 92262 PROVIDER NO: D52541	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD:	DATE APPROVED: 081577 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 012 RENAL NETWORK: 04 PHONE:(619)325-0908
NEW WEST DIALYSIS CLINICS, INC. 591D CLARK RD PARADISE, CA 95969 PROVIDER NO: D5266D	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD:	DATE APPROVED: D60387 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: D9 TOTAL STATIONS: 006 RENAL NETWORK: 03 PHONE:(916)920-0256
PARAMOUNT DIALYSIS CENTER 83I9 ALONDRA BLVD PARAMOUNT, CA 90723 PROVIDER NO: 052652	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO: HEMO	DATE APPROVED: 010587 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REOION: 09 TOTAL STATIONS: 016 RENAL NETWORK: 04 PHONE:(213)634-9774
CENTRAL VALLEY RURAL DIALYSIS 87DD S MENDOCINO AVE PARLIER, CA 93648 PROVIOER NO: D526I2	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD:	DATE APPROVED: 020485 OWNERSHIP: PROFIT INTERMEDIARY: D0040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 007 RENAL NETWORK: 03 PHONE:(209)646-3532

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CLINISHARE DIALYSIS NETWORK-PASADENA 1045 N. FAIROAKS AVE PASADENA, CA 91103 PROVIDER NO: D52S62	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVEO: 060980 OWNERSHIP: PROFIT INTERMEOIARY: 00040 CROSS-REFER NO:	HCFA REOION: 09 TOTAL STATIONS: D16 RENAL NETWORK: 04 PHONE:(818)798-0587
EATON CANYON OIALYSIS CTR 27S0 E WASHINGTON BLVO STE 37D PASADENA, CA 91107 PROVIDER NO: D52613	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTEO: SELF-CARE: TRAININO: CAPO	DATE APPROVEO: 022D86 OWNERSHIP: PROFIT INTERMEOIARY: 00040 CROSS-REFER NO:	HCFA REOION: 09 TOTAL STATIONS: 000 RENAL NETWORK: 04 PHONE:(818)798-8096
55 CONDRESS DIALYSIS 55 CONORESS ST PASAOENA, CA 9110S PROVIDER NO: D52619	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTEO: HEMO PERI SELF-CARE: HEMO PERI TRAININO: CCPO	OATE APPROVEO: 03088S OWNERSHIP: PROFIT INTERMEOIARY: 00040 CROSS-REFER NO:	HCFA REOION: 09 TOTAL STATIONS: 004 RENAL NETWORK: 04 PHONE:(818)792-0548
COMMUNITY HEMODIALYSIS 141 LYNCH CREEK WAY STE C PETALUMA, CA 94952 PROVIOER NO: 052624	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO: HEMO CAPO	OATE APPROVED: 08148S OWNERSHIP: PROFIT INTERMEOIARY: 00040 CROSS-REFER NO:	HCFA REOION: 09 TOTAL STATIONS: 009 RENAL NETWORK: 03 PHONE:(707)76S-1060
PITTSBURD HEMOOIALYSIS 329 EAST LELAND RD PITTSBURG, CA 94S65 PROVIDER NO: 0S3S09	FACILITY TYPE: OIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAININO:	OATE APPROVEO: 032585 OWNERSHIP: NONPROFIT INTERMEOIARY: 00040 CROSS-REFER NO:	HCFA REOION: 09 TOTAL STATIONS: 008 RENAL NETWORK: 03 PHONE:(415)439-8772
DIALYSIS CENTER OF POMONA 2475 N GAREY POMONA, CA 91767 PROVIOER NO: DS2S91	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTEO: HEMO PERI SELF-CARE: TRAININD: HEMO CAPD	OATE APPROVED: 071583 OWNERSHIP: PROFIT INTERMEDIARY: 51D51 CROSS-REFER NO:	HCFA REOION: 09 TOTAL STATIONS: 012 RENAL NETWORK: 04 PHONE:(714)620-1945
GAREY DIALYSIS CENTER 188D N GAREY POMONA, CA 91767 PROVIDER NO: DS26S4	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAINING: HEMO	OATE APPROVED: 01D687 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REOION: 09 TOTAL STATIONS: 015 RENAL NETWORK: 04 PHONE:(*) -
PORTERVILLE HEMODIALYSIS FACILITY 774 NORTH PROSPECT PORTERVILLE, CA 932S7 PROVIOER NO: 0S3S12	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAININO:	DATE APPROVEO: D41686 OWNERSHIP: NONPROFIT INTERMEOIARY: 00040 CROSS-REFER NO:	HCFA REOION: 09 TOTAL STATIONS: 008 RENAL NETWORK: 04 PHONE:(209)788-5551
NEW WEST DIALYSIS 1308 COURT ST. SUITE A REDOIND, CA 96002 PROVIDER NO: OS2S28	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPO	OATE APPROVEO: 082077 OWNERSHIP: PROFIT INTERMEOIARY: 00040 CROSS-REFER NO:	HCFA REOION: 09 TOTAL STATIONS: 011 RENAL NETWORK: 03 PHONE:(916)246-7474
SATELLITE DIALYSIS CENTER INC 345 CONVENTION WAY SUITE C REOWOOD CITY, CA 94063 PROVIOER NO: DS2611	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO PERI SELF-CARE: HEMO PERI TRAININD: HEMO PERI	DATE APPROVED: 110684 OWNERSHIP: NONPROFIT INTERMEOIARY: 00040 CROSS-REFER NO:	HCFA REOION: 09 TOTAL STATIONS: 010 RENAL NETWORK: 03 PHONE:(415)367-9500
RIVERSIDE GEN HOSP-UNIV MED CENTER 9851 MAGNOLIA AVE RIVERSIDE, CA 92503 PROVIDER NO: DS0292	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: PERI TRAININD: HEMO CAPD	DATE APPROVEO: 080877 OWNERSHIP: NONPROFIT INTERMEOIARY: 00040 CROSS-REFER NO:062338	HCFA REOION: 09 TOTAL STATIONS: 010 RENAL NETWORK: 04 PHONE:(714)351-7540

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RIVERSIDE-SAN BERNARDINO HEMO UNIT 4000 FOURTEENTH ST - SUITE 204 RIVERSIDE, CA 92501 PROVIDER NO: 052632	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 081277 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 015 RENAL NETWORK: 04 PHONE:(714)682-2700
ROSEVILLE HEMODIALYSIS 210 HARDING BLVD ROSEVILLE, CA 95678 PROVIDER NO: 052578	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: PERI TRAINING: CAPD	DATE APPROVED: 011582 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 014 RENAL NETWORK: 03 PHONE:(916)785-2728
SUTTER GEN HOSP-ARTIFICIAL KIDNEY CTR 2820 L STREET SACRAMENTO, CA 95816 PROVIDER NO: 050108	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 021885 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052315	HCFA REGION: 09 TOTAL STATIONS: 017 RENAL NETWORK: 03 PHONE:(916)454-2222
SUTTER MEM HOSP 52ND & F STS SACRAMENTO, CA 95819 PROVIDER NO: 050109	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 012087 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052375	HCFA REGION: 09 TOTAL STATIONS: 000 RENAL NETWORK: 03 PHONE:(916)454-3333
UNIV OF CA DAVIS - MED CTR 2915 STOCKTON BLVD, #5201A SACRAMENTO, CA 95817 PROVIDER NO: 050099	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 081577 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052351	HCFA REGION: 09 TOTAL STATIONS: 005 RENAL NETWORK: 03 PHONE:(916)453-2891
NEW WEST DIALYSIS 900 UNIVERSITY AVE #101 SACRAMENTO, CA 95826 PROVIDER NO: 052590	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 081977 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 025 RENAL NETWORK: 03 PHONE:(916)920-0255
NEW WEST DIALYSIS -S. SACRAMENTO 7000 FRANKLIN BLVD STE 880 SACRAMENTO, CA 95823 PROVIDER NO: 052569	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 121980 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 012 RENAL NETWORK: 03 PHONE:(916)427-2551
SALINAS VALLEY DIALYSIS SVCS INC 955 BLAND CIRCLE STE C SALINAS, CA 93901 PROVIDER NO: 052602	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 100384 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 012 RENAL NETWORK: 03 PHONE:(408)758-5222
SAN BERNARDINO COUNTY MED CTR 780 EAST GILBERT SAN BERNARDINO, CA 92404 PROVIDER NO: 050245	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 111581 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052334	HCFA REGION: 09 TOTAL STATIONS: 000 RENAL NETWORK: 04 PHONE:(714)383-1870
SAN BERNARDINO VALLEY DIAL CTR 1500 N WATERMAN AVE SAN BERNARDINO, CA 92404 PROVIDER NO: 052575	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 111581 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 015 RENAL NETWORK: 04 PHONE:(714)381-1591
UNIVERSITY HOSPITAL UCSD MEDICAL CTR 225 W DICKINSON ST SAN DIEGO, CA 92103 PROVIDER NO: 050025	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 081577 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052302	HCFA REGION: 09 TOTAL STATIONS: 008 RENAL NETWORK: 04 PHONE:(619)294-5545

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BMA OF SAN DIEGO 3960 THIRD AVE SAN DIEGO, CA 92103 PROVIDER NO: 052500	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 081177 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 020 RENAL NETWORK: 04 PHONE:(619)299-3900
ARTIFICIAL KIDNEY CTR 7927 OSTROW ST SAN DIEGO, CA 92111 PROVIDER NO: 052576	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 111381 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 016 RENAL NETWORK: 04 PHONE:(619)571-0232
BMA CHULA VISTA 2252 VERUS ST. STE 10 SAN DIEGO, CA 92154 PROVIDER NO: 052653	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 110386 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 010 RENAL NETWORK: 04 PHONE:( ) -
R K DAVIES MEDICAL CENTER CASTRO DUBOCE STS SAN FRANCISCO, CA 94114 PROVIDER NO: 050008	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 081077 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052300	HCFA REGION: 09 TOTAL STATIONS: 015 RENAL NETWORK: 03 PHONE:(415)565-6075
MOUNT ZION HOSP & MEDICAL CENTER 1600 DIVISADERO ST SAN FRANCISCO, CA 94120 PROVIDER NO: 050033	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 081577 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052304	HCFA REGION: 09 TOTAL STATIONS: 015 RENAL NETWORK: 03 PHONE:(415)885-7421
PACIFIC MEDICAL CTR-PRESBYTERIAN P.O. BOX 7999 SAN FRANCISCO, CA 94120 PROVIDER NO: 050047	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 081877 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052307	HCFA REGION: 09 TOTAL STATIONS: 018 RENAL NETWORK: 03 PHONE:(415)923-3258
KAISER FOUNDATION HOSP 2425 GEARY BLVD SAN FRANCISCO, CA 94115 PROVIDER NO: 050076	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 040577 OWNERSHIP: NONPROFIT INTERMEDIARY: 51051 CROSS-REFER NO:052312	HCFA REGION: 09 TOTAL STATIONS: 006 RENAL NETWORK: 03 PHONE:(416)929-4541
UNIVERSITY OF CALIF AT SAN FRANCISCO UC MOFFITT ROOM B84 SAN FRANCISCO, CA 94143 PROVIDER NO: 050454	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 022280 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052351	HCFA REGION: 09 TOTAL STATIONS: 000 RENAL NETWORK: 03 PHONE:(416)666-1551
COMMUNITY HEMODIALYSIS OF SF 1800 HAIGHT ST SAN FRANCISCO, CA 94117 PROVIDER NO: 052507	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 080877 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 022 RENAL NETWORK: 03 PHONE:(415)752-9886
UNIVERSITY OF CA RENAL CTR 1001 POTRERO AVENUE BUILDING 100 SAN FRANCISCO, CA 94110 PROVIDER NO: 053500	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 081577 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 012 RENAL NETWORK: 03 PHONE:(415)648-2511
U. C. PEDIATRIC RENAL CENTER 400 PARNASSUS AVE - RM 276 SAN FRANCISCO, CA 94143 PROVIDER NO: 053501	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: PERI CAPD CCPD	DATE APPROVED: 080977 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 004 RENAL NETWORK: 03 PHONE:(415)476-2423

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SAN FRANCISCO PERITONEAL DIALYSIS 2100 WEBSTER ST #606 SAN FRANCISCO, CA 94115 PROVIDER NO: 052623	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: SELF-CARE: TRAINING: CAPD	DATE APPROVED: 050685 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 000 RENAL NETWORK: 03 PHONE:(415)923-3101
SAN FRANCISCO HOME DIALYSIS CTR 2001 UNION ST ROOM 690 SAN FRANCISCO, CA 94123 PROVIDER NO: 052645	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: SELF-CARE: TRAINING: CAPD CCPD	DATE APPROVED: 040486 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 000 RENAL NETWORK: 03 PHONE:(415)931-6611
HEMET VALLEY DIALYSIS CTR 1330 SOUTH STATE ST STE 8 SAN JACINTO, CA 92383 PROVIDER NO: 062620	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 030585 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 006 RENAL NETWORK: 04 PHONE:(714)654-1066
SANTA CLARA VALLEY MEDICAL CENTER 761 S BASCOM AVE SAN JOSE, CA 95128 PROVIDER NO: 050038	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD CCPD	DATE APPROVED: 082277 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052305	HCFA REGION: 09 TOTAL STATIONS: 009 RENAL NETWORK: 03 PHONE:(408)299-5100
SATELLITE DIALYSIS CENTER 1176 SARATOGA AVE #14 SAN JOSE, CA 95129 PROVIDER NO: 052514	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO	DATE APPROVED: 081077 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 011 RENAL NETWORK: 03 PHONE:(408)446-3466
SATELLITE DIALYSIS 2121 ALEXIAN DR #118 SAN JOSE, CA 95116 PROVIDER NO: 052572	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO	DATE APPROVED: 062581 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 018 RENAL NETWORK: 03 PHONE:(408)258-8720
SATELLITE DIALYSIS CTR 5595 WINFIELD BLVD,#200 SAN JOSE, CA 95123 PROVIDER NO: 052600	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 091884 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 010 RENAL NETWORK: 03 PHONE:(408)226-3220
EVERGREEN DIALYSIS SERVICES 2060 ABORN ROAD SAN JOSE, CA 95121 PROVIDER NO: 052659	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 051187 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 013 RENAL NETWORK: 03 PHONE:(408)238-9100
DIALYSIS CTR OF SO ORANGE CNTY 31736 RANCHO VIEJO RD, STE 8 SAN JUAN CAPISTRANO, CA 92675 PROVIDER NO: 052648	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 080186 OWNERSHIP: PROFIT INTERMEDIARY: 51051 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 010 RENAL NETWORK: 04 PHONE:(714)240-1454
SAN LUIS OBISPO DEN HOSP HEMO UNIT 2180 JOHNSON AVE SAN LUIS OBISPO, CA 93406 PROVIDER NO: 050088	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 081077 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052315	HCFA REGION: 09 TOTAL STATIONS: 014 RENAL NETWORK: 04 PHONE:(805)543-1500
MILLS MEMORIAL HOSPITAL/CAPO 100 S SAN MATEO DRIVE SAN MATEO, CA 94401 PROVIDER NO: 050302	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD CCPD	DATE APPROVED: 080177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052340	HCFA REGION: 09 TOTAL STATIONS: 014 RENAL NETWORK: 03 PHONE:(415)696-4931

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WEST CONTRA COSTA DIALYSIS 14020 SAN PABLO AVE SAN PABLO, CA 94806 PROVIDER NO: 052560	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 042580 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 015 RENAL NETWORK: 03 PHONE:(415)234-0835
SAN PEDRO COMM DIALYSIS CTR 621 BUTTE ST SAN PEDRO, CA 90731 PROVIDER NO: 050078	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 103078 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052369	HCFA REGION: 09 TOTAL STATIONS: 009 RENAL NETWORK: 04 PHONE:(213)832-3311
WESTERN MEDICAL CENTER HEMO UNIT 1001 N. TUSTIN AVE. SANTA ANA, CA 92705 PROVIDER NO: 050065	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 081777 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052309	HCFA REGION: 09 TOTAL STATIONS: 004 RENAL NETWORK: 04 PHONE:(714)953-3318
SANTA BARBARA COMM DIALYSIS CENTER 222 PESETAS LANE SANTA BARBARA, CA 93110 PROVIDER NO: 052513	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 081077 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 014 RENAL NETWORK: 04 PHONE:(805)964-7873
SANTA BARBARA ARTIFICIAL KIDNEY CTR 514 W PUEBLO ST SANTA BARBARA, CA 93105 PROVIDER NO: 052606	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 111684 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 005 RENAL NETWORK: 04 PHONE:(805)687-0456
CLINISHARE DIALYSIS NETWORK 2120 SOQUEL AVE SANTA CRUZ, CA 95062 PROVIDER NO: 052555	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO PERI CAPD	DATE APPROVED: 012679 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 017 RENAL NETWORK: 03 PHONE:(408)425-0727
MARIAN MED CTR-KIDNEY DISEASE UNIT 220 S PALISADES,STE203 SANTA MARIA, CA 93454 PROVIDER NO: 053510	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 040484 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 007 RENAL NETWORK: 04 PHONE:(805)922-5011
SANTA MONICA HEMODIALYSIS CTR 2001 SANTA MONICA BLVD #260W SANTA MONICA, CA 90404 PROVIDER NO: 050112	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 101977 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052318	HCFA REGION: 09 TOTAL STATIONS: 016 RENAL NETWORK: 04 PHONE:(213)453-0494
SANTA MONICA HEMODIALYSIS CENTER 2001 SANTA MONICA BLVD #260 SANTA MONICA, CA 90404 PROVIDER NO: 052665	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 090187 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 016 RENAL NETWORK: 04 PHONE:(213)453-0494
COMMUNITY HEMODIALYSIS UNIT 3327 CHANATE RD SANTA ROSA, CA 95404 PROVIDER NO: 052524	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 081877 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 011 RENAL NETWORK: 03 PHONE:(707)527-5350
SATELLITE DIALYSIS CTR OF SANTA ROSA 1255 N DUTTON AVE PARK CTR 2 SANTA ROSA, CA 95401 PROVIDER NO: 052630	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 092385 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 012 RENAL NETWORK: 03 PHONE:(707)526-0717

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SANTA ROSA TRANSPLANT CENTER 121 SOTOYOME AVE #203 SANTA ROSA, CA 95406 PROVIDER NO: 05D174	FACILITY TYPE: TRANSPLANT ONLY STAFF-AS6ISTED: SELF-CARE: TRAINING:	DATE APPROVED: 072286 OWNERSHIP: NONPROFIT INTERMEDIARY: 51D5I CROSS-REFER NO:052374	HCFA REGION: 09 TOTAL STATIONS: DDD RENAL NETWORK: 03 PHONE:(707)546-321D
KIDNEY CENTER OF SIMI VALLEY 2950 N. SYCAMORE OR STE 102 SIMI VALLEY, CA 93065 PROVIOER NO: 052638	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 112685 OWNERSHIP: PROFIT INTERMEDIARY: 0D040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 010 RENAL NETWORK: 04 PHONE:(805)584-24I1
SATELLITE DIALYSIS CENTER 136 COLUM8IA WAY SONORA, CA 95370 PROVIDER NO: 052609	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO	DATE APPROVED: 11D584 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 006 RENAL NETWORK: 03 PHONE:(209)532-3072
STANFORD UNIVERSITY HEMODIALYSI6 HOOVER PAVILION - NIA STANFORD, CA 94306 PROVIOER NO: D50441	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR 6TAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPO CCPO	DATE APPROVED: 102986 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052350	HCFA REGION: 09 TOTAL STATIONS: 008 RENAL NETWORK: 03 PHONE:(415)723-7256
SAN JOAQUIN OEN HOSP P.O. 8DX 1020 STOCKTON, CA 952D1 PROVIDER NO: 050167	FACILITY TYPE: OIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 080377 OWNERSHIP: NONPROFIT INTERMEDIARY: 0DD40 CROSS-REFER NO:052326	HCFA REOION: 09 TOTAL STATIONS: 010 RENAL NETWORK: 03 PHONE:(209)982-18D0
ARTIFICIAL KIDNEY MEO CLINIC 2350 N CALIFORNIA ST STOCKTON, CA 95204 PROVIOER NO: D52535	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 081277 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 017 RENAL NETWORK: D3 PHONE:(209)943-0854
RENAL HYOIENICS, INC 18425 8URBANK 8LVD #411 TARZANA, CA 91356 PROVIOER NO: D52504	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: D83I77 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: D9 TOTAL STATIONS: 011 RENAL NETWORK: 04 PHONE:(8I8)342-3795
SAN DABRIEL VALLEY KIONEY CENTER 4820 ARDEN OR TEMPLE CITY, CA 9178D PROVIDER NO: D52649	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: D81186 OWNERSHIP: PROFIT INTERMEDIARY: 0D04D CROSS-REFER NO:	HCFA REGION: D9 TOTAL STATIONS: 016 RENAL NETWORK: 04 PHONE:(8I8)35D-I48I
LOS ROBLES REOIONAL MEDICAL CENTER 215 WEST JANSS RO THOUSANO OAKS, CA 91360 PROVIDER NO: 050549	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAININD:	DATE APPROVED: 081177 OWNERSHIP: PROFIT INTERMEDIARY: 5I05I CROSS-REFER NO:052356	HCFA REGION: 09 TOTAL STATIONS: 000 RENAL NETWORK: 04 PHONE:(805)497-2727
CONEJO VALLEY RENAL CENTER 227 W JANSS RO #265 THOUSAND OAKS, CA 91360 PROVIOER NO: 052579	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: I2I481 OWNERSHIP: PROFIT INTERMEOIARY: 00040 CROSS-REFER NO:	HCFA REOION: 09 TOTAL STATIONS: OI6 RENAL NETWORK: 04 PHONE:(805)496-607I
L A CO HARBOR-UCLA MED CTR 1000 W CARSON ST TORRANCE, CA 90509 PROVIDER NO: 050376	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTEO: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: I00I86 OWNERSHIP: NONPROFIT INTERMEOIARY: DD040 CROSS-REFER NO:052345	HCFA REOION: 09 TOTAL STATIONS: 006 RENAL NETWORK: 04 PHONE:(213)533-2728

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BMA OF LOS ANGELES INC 1123 WEST CARSON ST TORRANCE, CA 90502 PROVIDER NO: 052508	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 080377 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 022 RENAL NETWORK: 04 PHONE:(213)320-4093
TORRANCE COMMUNITY HEMODIALYSIS UNIT 3295 SKYPARK DRIVE TORRANCE, CA 90505 PROVIDER NO: 052556	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 122778 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 012 RENAL NETWORK: 04 PHONE:(213)539-5091
SATELLITE DIALYSIS 351 N WALNUT RD TURLOCK, CA 95380 PROVIDER NO: 052647	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 032086 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 010 RENAL NETWORK: 03 PHONE:(209)667-4888
BMA - UKIAH HEMODIALYSIS 620 S DORA ST - SUITE 101 UKIAH, CA 95482 PROVIDER NO: 052548	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD CCPD	DATE APPROVED: 072577 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 006 RENAL NETWORK: 03 PHONE:(707)468-9206
EAST BAY DIALYSIS 10 UNION SQUARE BLVD - BLDG 3 UNION CITY, CA 94587 PROVIDER NO: 052571	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 052081 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 015 RENAL NETWORK: 03 PHONE:(415)489-1600
DIALYSIS CENTER OF UPLAND 600 N 13TH AVENUE UPLAND, CA 91786 PROVIDER NO: 052552	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO PERI TRAINING: HEMO	DATE APPROVED: 042878 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 022 RENAL NETWORK: 04 PHONE:(714)946-3802
VALENCIA RENAL CTR 23861 W MCBEAN PKWY VALENCIA, CA 91355 PROVIDER NO: 052573	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 072381 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 006 RENAL NETWORK: 04 PHONE:(805)254-2040
COMMUNITY DIALYSIS SERVICE 123 HOSPITAL DR VALLEJO, CA 94590 PROVIDER NO: 052567	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 080780 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 014 RENAL NETWORK: 03 PHONE:(707)653-9174
VALLEY PRESBYTERIAN HOSPITAL 15107 VANOWEN ST VAN NUYS, CA 91406 PROVIDER NO: 050126	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 120178 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052322	HCFA REGION: 09 TOTAL STATIONS: 000 RENAL NETWORK: 04 PHONE:(213)782-6600
VALLEY PRESBYTERIAN COMM DIALYSIS 16149 HART ST VAN NUYS, CA 91406 PROVIDER NO: 052554	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 120178 OWNERSHIP: PROFIT INTERMEDIARY: 61051 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 013 RENAL NETWORK: 04 PHONE:(818)787-0990
CLINISHARE DIALYSIS NETWORK-VAN NUYS 14624 SHERMAN WAY #106 VAN NUYS, CA 91405 PROVIDER NO: 0525B5	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 020183 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 006 RENAL NETWORK: 04 PHONE:(818)994-2332

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OIALYSIS CENTERS OF VENTURA CNTY 4567 TELEPHONE RD STE 101 VENTURA, CA 93003 PROVIDER NO: 052666	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: HEMO	OATE APPROVED: 022087 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 022 RENAL NETWORK: 04 PHONE:(805)658-9211
KAWEAH OELTA HEMODIALYSIS FACILITY 320 W MAIN ST VISALIA, CA 93291 PROVIDER NO: 063606	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAININO: HEMO	OATE APPROVED: 082277 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 013 RENAL NETWORK: 04 PHONE:(209)625-7210
CLINISHARE OIALYSIS NETWORK 40 PENNY LANE, BLDD O WATSONVILLE, CA 95076 PROVIDER NO: 062607	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAININO: HEMO	OATE APPROVED: 111984 OWNERSHIP: PROFIT INTERMEDIARY: 0004O CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 009 RENAL NETWORK: 03 PHONE:(405)728-3671
SATELLITE DIALYSIS CENTER,INC 12DI-8 FREEOOM BLVD WATSONVILLE, CA 95076 PROVIDER NO: 052629	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAININO: HEMO CAPD	DATE APPROVED: 08298S OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REOION: 09 TOTAL STATIONS: 008 RENAL NETWORK: 03 PHONE:(408)728-88SS
COVINA COMMUNITIES HEMODIALYSIS CTR 1547 W DARVEY AVE WEST COVINA, CA 91791 PROVIDER NO: 052580	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: CAPD	OATE APPROVED: 011482 OWNERSHIP: PROFIT INTERMEDIARY: 51051 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 009 RENAL NETWORK: 04 PHONE:(818)960-9404
8MA WHITTIER 12401 EAST WASHINOTON BLVD WHITTIER, CA 90602 PROVIOER NO: DS2519	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO:	OATE APPROVED: 08D377 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: DI4 RENAL NETWORK: 04 PHONE:(213)945-2341
WHITTIER DIALYSIS CENTER 10155 COLIMA RO WHITTIER, CA 90603 PROVIOER NO: D52592	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO PERI TRAININO: CAPO	OATE APPROVED: 072883 OWNERSHIP: PROFIT INTERMEOIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 015 RENAL NETWORK: 04 PHONE:(213)696-7700
COMMUNITY DIALYSIS 520 COTTONWOOO ST,SUITE 12 WOODLANO, CA 95695 PROVIOER NO: D52570	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO: HEMO	OATE APPROVED: 122680 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 008 RENAL NETWORK: 03 PHONE:(916)666-3684
NEPHRO CARE, INC 20501 VENTURA BLVO SUITE 380 WOODLAND HILLS, CA 91364 PROVIDER NO: D52636	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAININD: HEMO PERI CAPO	OATE APPROVED: 121685 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REOION: 09 TOTAL STATIONS: 006 RENAL NETWORK: 04 PHONE:(818)888-4883
NEW WEST OIALYSIS CLINIC-YUBA CITY 1007 LIVE OAK BLVD YUBA CITY, CA 95991 PROVIOER NO: DS2563	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: HEMO CAPO	OATE APPROVED: 08048D OWNERSHIP: PROFIT INTERMEOIARY: 00040 CROSS-REFER NO:	HCFA REOION: 09 TOTAL STATIONS: 007 RENAL NETWORK: 03 PHONE:(916)671-3652

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THE OIALYSIS CENTER-AURORA 7SO POTOMAC, L-33 AURORA, CO 80011 PROVIDER NO: 063S02	FACILITY TYPE: OIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAININO:	OATE APPROVED: 041186 OWNERSHIP: NONPROFIT INTERMEOIARY: 00060 CROSS-REFER NO:	HCFA REOION: 08 TOTAL STATIONS: 008 RENAL NETWORK: 0S PHONE:(303)360-3340
THE DIALYSIS CTR - 80ULOER P.O. 80X 9019 80ULOER, CO 80301 PROVIDER NO: 063501	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTEO: HEMO SELF-CARE: TRAININO:	DATE APPROVED: 090186 OWNERSHIP: PROFIT INTERMEDIARY: 00050 CROSS-REFER NO:	HCFA REOION: 08 TOTAL STATIONS: 008 RENAL NETWORK: 0S PHONE:(303)440-2294
PIKES PEAK OIALYSIS CTR PC 2120 E LASALLE ST COLORAOO SPRINGS, CO 80909 PROVIOER NO: 062507	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO: HEMO CAPO CCPO	DATE APPROVED: 121079 OWNERSHIP: PROFIT INTERMEDIARY: 00050 CROSS-REFER NO:	HCFA REOION: 08 TOTAL STATIONS: 020 RENAL NETWORK: 0S PHONE:(303)471-4615
THE OIALYSIS CENTER-OENVER 1719 EAST 19TH AVE OENVER, CO 80218 PROVIDER NO: 06000S	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPO	DATE APPROVED: 071477 OWNERSHIP: NONPROFIT INTERMEOIARY: 00060 CROSS-REFER NO:062300	HCFA REOION: 08 TOTAL STATIONS: 010 RENAL NETWORK: 0S PHONE:(303)839-6110
UNIVERSITY OF COLORAOO 4200 E NINTH AVE DENVER, CO 80262 PROVIDER NO: 060024	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTEO: HEMO PERI SELF-CARE: TRAININO: HEMO PERI CAPO	DATE APPROVEO: 090177 OWNERSHIP: NONPROFIT INTERMEOIARY: 00050 CROSS-REFER NO:062303	HCFA REGION: 08 TOTAL STATIONS: 009 RENAL NETWORK: 05 PHONE:(303)394-8801
VA HOSP 1055 CLERMONT ST, 111C OENVER, CO 80220 PROVIDER NO: 06005F	FACILITY TYPE: OIALYSIS CENTER STAFF-ASSISTEO: HEMO PERI SELF-CARE: HEMO PERI TRAININO: HEMO PERI	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEOIARY: 00080 CROSS-REFER NO:062306	HCFA REOION: 08 TOTAL STATIONS: 017 RENAL NETWORK: 0S PHONE:(303)399-8020
PORTER MEMORIAL HOSP 2S25 SOUTH DOWNING STREET DENVER, CO 80210 PROVIOER NO: 060064	FACILITY TYPE: TRANSPLANT/OIALYSIS CTR STAFF-ASSISTEO: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPO	OATE APPROVED: 012786 OWNERSHIP: NONPROFIT INTERMEDIARY: 00050 CROSS-REFER NO:062307	HCFA REOION: 08 TOTAL STATIONS: 016 RENAL NETWORK: 0S PHONE:(303)778-S703
ROCKY MOUNTAIN KIONEY CENTER 454S EAST 9TH AVE. SUITE 140 OENVER, CO 80220 PROVIOER NO: 062S01	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO PERI SELF-CARE: TRAININO: HEMO PERI CAPO	OATE APPROVED: 071977 OWNERSHIP: PROFIT INTERMEOIARY: 000S0 CROSS-REFER NO:	HCFA REOION: 08 TOTAL STATIONS: 023 RENAL NETWORK: 0S PHONE:(303)320-2911
COMMUNITY DIALYSIS SERVICE OENVER 2401 S OOWNING ST OENVER, CO 80210 PROVIDER NO: 062S09	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTEO: HEMO PERI SELF-CARE: TRAININO: HEMO PERI CAPO	OATE APPROVEO: 061281 OWNERSHIP: PROFIT INTERMEDIARY: 000S0 CROSS-REFER NO:	HCFA REOION: 08 TOTAL STATIONS: 013 RENAL NETWORK: 0S PHONE:(303)778-03S3
AMI/ST LUKES HOSPITAL 601 EAST 19TH AVE OENVER, CO 80203 PROVIOER NO: 060014	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTEO: SELF-CARE: TRAININO:	OATE APPROVEO: 082685 OWNERSHIP: PROFIT INTERMEDIARY: 000S0 CROSS-REFER NO:062310	HCFA REOION: 08 TOTAL STATIONS: 000 RENAL NETWORK: 05 PHONE:(303)869-21SS
NORTHERN COLORAOO KIONEY CTR 1213 RIVERSIOE FT COLLINS, CO 80S24 PROVIOER NO: 062S0S	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININO: HEMO PERI CAPO CCPO	OATE APPROVEO: 011979 OWNERSHIP: PROFIT INTERMEDIARY: 000S0 CROSS-REFER NO:	HCFA REOION: 08 TOTAL STATIONS: 010 RENAL NETWORK: 0S PHONE:(303)493-7S7S

STATE=COLORADO CONTINUED

ST MARY6 HOSP & MED CTR 7TH PATTERSON RO ORAND JUNCTION, CO 81501 PROVIDER NO: 060023	FACILITY TYPE: DIALYSIS CENTER 6TAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININO: HEMO PERI	DATE APPROVED: 071477 OWNERSHIP: NONPROFIT INTERMEDIARY: 00050 CROSS-REFER NO:062302	HCFA REGION: 08 TOTAL STATIONS: 006 RENAL NETWORN: 05 PHONE:(303)244-2196
WILLOW STATION DIALYSIS 2343 27TH ST,SUITE 603 OREELEY, CO 80631 PROVIDER NO: 062510	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO:	DATE APPROVED: 040887 OWNERSHIP: PROFIT INTERMEDIARY: 00050 CROSS-REFER NO:	HCFA REGION: 08 TOTAL STATIONS: 008 RENAL NETWORN: 05 PHONE:(303)330-6100
WESTERN DIALYSIS CTR PC 1750 PIERCE ST LANEWOOD, CO 80214 PROVIDER NO: 062602	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININO: HEMO PERI CAPD	DATE APPROVED: 071477 OWNERSHIP: PROFIT INTERMEDIARY: 00050 CROSS-REFER NO:	HCFA REGION: 08 TOTAL STATIONS: 018 RENAL NETWORN: 05 PHONE:(303)238-6111
ST MARY CORWIN HOSPITAL 1008 MINNEQUA AVENUE PUEBLO, CO 81004 PROVIDER NO: 060012	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI 6ELF-CARE: TRAININO: HEMO PERI CAPD CCPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00050 CROSS-REFER NO:062301	HCFA REGION: 08 TOTAL STATIONS: 010 RENAL NETWORK: 05 PHONE:(303)560-4000

STATE=CONNECTICUT

SO CT OUT-OF-HOSP DIALYSIS UNIT 900 MADISON AVE BRIDGEPORT, CT 06606 PROVIDER NO: 072501	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO PERI TRAININO: HEMO CAPD	DATE APPROVED: 082577 OWNERSHIP: PROFIT INTERMEDIARY: 00060 CROSS-REFER NO:	HCFA REOION: 01 TOTAL STATIONS: 032 RENAL NETWORK: 27 PHONE:(203)335-0195
DANBURY HOSP-ESRD 24 HOSPITAL AVE DANBURY, CT 06810 PROVIDER NO: 070033	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININO: HEMO PERI CAPD	DATE APPROVED: 082577 OWNERSHIP: NONPROFIT INTERMEDIARY: 00060 CROSS-REFER NO:072308	HCFA REOION: 01 TOTAL STATIONS: 008 RENAL NETWORK: 27 PHONE:(203)797-7505
ST FRANCIS HOSP 114 WOODLAND ST HARTFORD, CT 06105 PROVIDER NO: 070002	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 082577 OWNERSHIP: NONPROFIT INTERMEDIARY: 50333 CROSS-REFER NO:072301	HCFA REOION: 01 TOTAL STATIONS: 015 RENAL NETWORK: 27 PHONE:(203)548-4023
MT SINAI HOSP 500 BLUE HILLS AVE HARTFORD, CT 06112 PROVIDER NO: 070013	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAININO: HEMO CAPD	DATE APPROVED: 100981 OWNERSHIP: NONPROFIT INTERMEDIARY: 60072 CROSS-REFER NO:072313	HCFA REOION: 01 TOTAL STATIONS: 006 RENAL NETWORK: 27 PHONE:(203)248-4690
HARTFORD HOSP 80 SEYMOUR ST HARTFORD, CT 06115 PROVIDER NO: 070025	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 082577 OWNERSHIP: NONPROFIT INTERMEDIARY: 51070 CROSS-REFER NO:072307	HCFA REOION: 01 TOTAL STATIONS: 020 RENAL NETWORK: 27 PHONE:(203)524-2068
MIDDLESEX MEM HOSP 60 CRESCENT ST MIDDLETOWN, CT 06457 PROVIDER NO: 070020	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 073181 OWNERSHIP: NONPROFIT INTERMEDIARY: 00060 CROSS-REFER NO:072312	HCFA REOION: 01 TOTAL STATIONS: 007 RENAL NETWORK: 27 PHONE:(203)334-6125
NEW BRITAIN GEN HOSP 100 GRAND ST NEW BRITAIN, CT 06050 PROVIDER NO: 070035	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININO: HEMO PERI CAPD	DATE APPROVED: 082577 OWNERSHIP: NONPROFIT INTERMEDIARY: 51070 CROSS-REFER NO:072310	HCFA REGION: 01 TOTAL STATIONS: 010 RENAL NETWORK: 27 PHONE:(203)224-5195
THE HOSPITAL OF ST RAPHAEL 1450 CHAPEL ST NEW HAVEN, CT 06511 PROVIDER NO: 070001	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININO: HEMO CAPD	DATE APPROVED: 082577 OWNERSHIP: NONPROFIT INTERMEDIARY: 00060 CROSS-REFER NO:072300	HCFA REGION: 01 TOTAL STATIONS: 012 RENAL NETWORK: 27 PHONE:(203)789-3405
YALE NEW HAVEN HOSP 20 YORK ST. NEW HAVEN, CT 06504 PROVIDER NO: 070022	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAININO: HEMO PERI	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00060 CROSS-REFER NO:072305	HCFA REOION: 01 TOTAL STATIONS: 015 RENAL NETWORK: 27 PHONE:(203)785-2197
NEW HAVEN CAPD, INC. 136 SHERMAN AVE NEW HAVEN, CT 06511 PROVIDER NO: 072503	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: SELF-CARE: TRAININO: CAPD	DATE APPROVED: 092183 OWNERSHIP: PROFIT INTERMEDIARY: 00060 CROSS-REFER NO:	HCFA REOION: 01 TOTAL STATIONS: 000 RENAL NETWORK: 27 PHONE:(203)787-0117
NORWALK HOSPITAL MAPLE STREET NORWALK, CT 06856 PROVIDER NO: 070034	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 082577 OWNERSHIP: NONPROFIT INTERMEDIARY: 00060 CROSS-REFER NO:072309	HCFA REOION: 01 TOTAL STATIONS: 019 RENAL NETWORK: 27 PHONE:(203)852-2448

STATE=CONNECTICUT CONTINUED

WILLIAM W BACKUS HOSP 326 WASHINGTON ST NORWICH, CT 06360 PROVIDER NO: 070024	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 082577 OWNERSHIP: NONPROFIT INTERMEDIARY: 00060 CROSS-REFER NO:072306	HCFA REGION: 01 TOTAL STATIONS: 006 RENAL NETWORK: 27 PHONE:(203)823-6386
NE REGIONAL DIALYSIS UNIT 31 UNION ST ROCKVILLE, CT 06066 PROVIDER NO: 070012	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 082577 OWNERSHIP: NONPROFIT INTERMEDIARY: 50333 CROSS-REFER NO:072303	HCFA REGION: 01 TOTAL STATIONS: 010 RENAL NETWORK: 27 PHONE:(203)872-0501
DIALYSIS ASSOCIATES P.C. 166 W BROAD ST STAMFORD, CT 06902 PROVIDER NO: 072604	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 090385 OWNERSHIP: PROFIT INTERMEDIARY: 00060 CROSS-REFER NO:	HCFA REGION: 01 TOTAL STATIONS: 003 RENAL NETWORK: 27 PHONE:(203)358-9969
CHARLOTTE HUNGERFORD HOSP 540 LITCHFIELD ST TORRINGTON, CT 06790 PROVIDER NO: 070011	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 071778 OWNERSHIP: NONPROFIT INTERMEDIARY: 00060 CROSS-REFER NO:072311	HCFA REGION: 01 TOTAL STATIONS: 006 RENAL NETWORK: 27 PHONE:(203)496-6370
WATERBURY HOSP 64 ROBBINS ST WATERBURY, CT 06708 PROVIDER NO: 070005	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 082577 OWNERSHIP: NONPROFIT INTERMEDIARY: 00060 CROSS-REFER NO:072302	HCFA REGION: 01 TOTAL STATIONS: 008 RENAL NETWORK: 27 PHONE:(203)573-6000
ST MARYS HOSP 56 FRANKLIN ST WATERBURY, CT 06702 PROVIDER NO: 070016	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 082577 OWNERSHIP: NONPROFIT INTERMEDIARY: 00060 CROSS-REFER NO:072304	HCFA REGION: 01 TOTAL STATIONS: 007 RENAL NETWORK: 27 PHONE:(203)597-3574

STATE=DELAWARE

RENAL CARE CENTER OF DOVER 748 S NEW ST DOVER, DE 19901 PROVIDER NO: 082S02	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI	DATE APPROVED: 122378 OWNERSHIP: PROFIT INTERMEDIARY: 00070 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 016 RENAL NETWORK: 24 PHONE:(302)678-8744
KENT GENERAL HOSPITAL 640 S STATE STREET DOVER, DE 19901 PROVIDER NO: 080004	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 040185 OWNERSHIP: NONPROFIT INTERMEDIARY: 00070 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 104 RENAL NETWORK: 24 PHONE:(302)734-4700
MEDICAL CENTER OF DELAWARE P.O. BOX 1668 WILMINGTON, DE 19899 PROVIDER NO: 080001	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 00070 CROSS-REFER NO:082300	HCFA REGION: 03 TOTAL STATIONS: 006 RENAL NETWORK: 24 PHONE:(302)733-1001
RENAL CARE CENTER OF BRANDYWINE 2300 PENNSYLVANIA AVENUE WILMINGTON, DE 19806 PROVIDER NO: 082S01	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 00070 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 033 RENAL NETWORK: 24 PHONE:(302)658-7469

STATE=DISTRICT OF COLUMBIA

GEORGE WASHINGTON UNIV HOSP 901 23RD ST WASHINGTON, DC 20037 PROVIDER NO: 090001	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00080 CROSS-REFER NO:092300	HCFA REGION: 03 TOTAL STATIONS: 009 RENAL NETWORK: 30 PHONE:(202)676-2500
HOWARD UNIVERSITY HOSPITAL 2112 GEORGIA AVE NW WASHINGTON, DC 20060 PROVIDER NO: 090003	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00080 CROSS-REFER NO:092301	HCFA REGION: 03 TOTAL STATIONS: 022 RENAL NETWORK: 30 PHONE:(202)232-0954
GEORGETOWN UNIV HOSP 3800 RESERVOIR RD NW WASHINGTON, DC 20007 PROVIDER NO: 090004	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00080 CROSS-REFER NO:092302	HCFA REGION: 03 TOTAL STATIONS: 012 RENAL NETWORK: 30 PHONE:(202)625-7003
DISTRICT OF COLUMBIA GEN HOSP 19TH & MASS AVE SE WASHINGTON, DC 20003 PROVIDER NO: 090007	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00080 CROSS-REFER NO:092303	HCFA REGION: 03 TOTAL STATIONS: 004 RENAL NETWORK: 30 PHONE:(202)675-5404
GREATER SE COMMUNITY HOSPITAL 1310 SOUTHERN AVE SE WASHINGTON, DC 20032 PROVIDER NO: 090008	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 080884 OWNERSHIP: NONPROFIT INTERMEDIARY: 00080 CROSS-REFER NO:092306	HCFA REGION: 03 TOTAL STATIONS: 003 RENAL NETWORK: 30 PHONE:(202)574-6000
WASHINGTON HOSP CTR 110 IRVING ST NW WASHINGTON, DC 20010 PROVIDER NO: 090011	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 52280 CROSS-REFER NO:092304	HCFA REGION: 03 TOTAL STATIONS: 008 RENAL NETWORK: 30 PHONE:(202)541-6101
BMA OF DUPONT CIRCLE 11 DUPONT CIRCLE NW SUITE LL 100 WASHINGTON, DC 20036 PROVIDER NO: 092601	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 00080 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 029 RENAL NETWORK: 30 PHONE:(202)483-0176
BMA OF CAPITOL HILL 900 M STREET SE WASHINGTON, DC 20003 PROVIDER NO: 092502	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 00080 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 026 RENAL NETWORK: 30 PHONE:(202)547-2880
BMA COLUMBIA HEIGHTS 106 IRVING ST NW WASHINGTON, DC 20010 PROVIDER NO: 092503	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 52280 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 020 RENAL NETWORK: 30 PHONE:(202)829-0060
BMA OF SOUTHEAST WASH. 1350 SOUTHERN AVE SE WASHINGTON, DC 20032 PROVIDER NO: 092505	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 011378 OWNERSHIP: PROFIT INTERMEDIARY: 00080 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 012 RENAL NETWORK: 30 PHONE:(202)561-0828
BMA TAKOMA PARK 247 CARROLL ST NW WASHINGTON, DC 20012 PROVIDER NO: 092506	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 052780 OWNERSHIP: PROFIT INTERMEDIARY: 00080 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 005 RENAL NETWORK: 30 PHONE:(202)723-8010

STATE=DISTRICT OF COLUMBIA CONTINUED

BMA OF NORTHEAST 1302 RHODE ISLAND AVE NE WASHINGTON, DC 20018 PROVIDER NO: 092507	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 072882 OWNERSHIP: PROFIT INTERMEDIARY: 00080 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 012 RENAL NETWORK: 30 PHONE: (202)636-3829
ANACOSTIA COMMUNITY DIALYSIS CTR 3929 MINNESOTA AVE NE WASHINGTON, DC 20019 PROVIDER NO: 092508	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 062783 OWNERSHIP: PROFIT INTERMEDIARY: 00080 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 007 RENAL NETWORK: 30 PHONE: (202)397-2200
CHILDREN'S HOSPITAL NAT'L MED CTR 111 MICHIGAN AVE NW WASHINGTON, DC 20010 PROVIDER NO: 093300	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 070184 OWNERSHIP: NONPROFIT INTERMEDIARY: 00080 CROSS-REFER NO: 092305	HCFA REGION: 03 TOTAL STATIONS: 006 RENAL NETWORK: 30 PHONE: (202)745-5148
G.W.U. AMBULATORY DIALYSIS CTR 900 NEW HAMPSHIRE AVE NW. WASHINGTON, DC 20037 PROVIDER NO: 093500	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 030784 OWNERSHIP: NONPROFIT INTERMEDIARY: 00080 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 012 RENAL NETWORK: 30 PHONE: (202)676-5667
BMA OF MARTIN LUTHER KING 2051 MARTIN LUTHER KING AVE SE WASHINGTON, DC 20020 PROVIDER NO: 092509	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 120285 OWNERSHIP: PROFIT INTERMEDIARY: 00080 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 011 RENAL NETWORK: 30 PHONE: (202)889-1919
GRANT PARK DIALYSIS CENTER 5051 HAYES ST S.E. WASHINGTON, DC 20019 PROVIDER NO: 092510	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 012286 OWNERSHIP: PROFIT INTERMEDIARY: 00080 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 011 RENAL NETWORK: 30 PHONE: (202)399-7700

STATE=FLORIDA

RENAL CARE CENTER OF BELLE GLADE 1201 S MAIN ST-000 127 BELLE GLADE, FL 33430 PROVIDER NO: 102671	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 082284 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 19 PHONE: (305)996-0168
BOCA RATON ARTIFICIAL KIDNEY CTR 998 NW 9TH CT BOCA RATON, FL 33432 PROVIDER NO: 102520	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 012 RENAL NETWORK: 19 PHONE: (305)342-3940
WEST BOCA DIALYSIS CENTER 19801 HAMPTON DR BOCA RATON, FL 33434 PROVIDER NO: 102576	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD CCPD	DATE APPROVED: 051485 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 19 PHONE: (305)488-0202
WEST BOCA DIALYSIS CTR INC 19801 HAMPTON DR BOCA RATON, FL 33434 PROVIDER NO: 102682	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 050687 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 007 RENAL NETWORK: 19 PHONE: (305)488-0202
BRADENTON ARTIFICIAL KIDNEY CENTER 5902 POINTE WEST BLVD BRADENTON, FL 33529 PROVIDER NO: 102538	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 010780 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 015 RENAL NETWORK: 19 PHONE: (813)746-5662
BRANDON AKC 634 OAKFIELD DR BRANDON, FL 33511 PROVIDER NO: 102584	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 093087 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 004 RENAL NETWORK: 19 PHONE: (813)685-5229
BROOKSVILLE ARTIFICIAL KIDNEY CENTER 617 LAMAR AVE BROOKSVILLE, FL 34601 PROVIDER NO: 102556	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 020283 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 012 RENAL NETWORK: 19 PHONE: (904)796-7266
CAPE CORAL DIALYSIS CENTER, INC 1510 HANCOCK BRIDGE PARKWAY, #6 CAPE CORAL, FL 33904 PROVIDER NO: 102577	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 102385 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 009 RENAL NETWORK: 19 PHONE: (813)772-5600
COMMUNITY DIALYSIS SVCS OF CLEARWATER 1290 SOUTH MISSOURI AVENUE CLEARWATER, FL 34616 PROVIDER NO: 102528	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 063078 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 024 RENAL NETWORK: 19 PHONE: (813)461-5477
CLEARWATER ARTIFICAL KIDNEY CENTER 2565 ENTERPRISE RD CLEARWATER, FL 33515 PROVIDER NO: 102542	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 062580 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 012 RENAL NETWORK: 19 PHONE: (813)251-8067
BMA OF CORAL GABLES 200 SAN LORENZO CORAL GABLES, FL 33146 PROVIDER NO: 102572	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 010485 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 19 PHONE: (305)445-0230

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NW BROWARD ARTIFICAL KIDNEY CENTER 8229 W ATLANTIC BLVD CORAL SPRINGS, FL 33065 PROVIDER NO: 1D2S44	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 111480 OWNERSHIP: PROFIT INTERMEDIARY: 00D9D CROSS-REFER NO:	HCFA REDION: 04 TOTAL STATIONS: 017 RENAL NETWORK: 19 PHONE:(305)752-D770
COMMUNITY DIALYSIS SERVICE-DAYTONA 575 N CLYDE MORRIS BLVD SUITE B DAYTONA BEACH, FL 32D14 PROVIDER NO: 1D2S21	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: PERI TRAININD: PERI CAPD	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REDION: 04 TOTAL STATIONS: 023 RENAL NETWORK: 19 PHONE:(904)258-7311
COMMUNITY DAILYSIS SVCS OF DELAND 145 EAST RICH AVE, SUITE B DELAND, FL 32724 PROVIDER NO: 1D2S73	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: D21586 OWNERSHIP: PROFIT INTERMEDIARY: 00D90 CROSS-REFER NO:	HCFA REDION: 04 TOTAL STATIONS: 007 RENAL NETWORK: 19 PHONE:(904)738-2570
DELRAY ARTIFICIAL KIDNEY CTR 521D LINTON BLVD SUITE 1D5 DELRAY BEACH, FL 3344S PROVIDER NO: 1D2S67	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 091985 OWNERSHIP: PROFIT INTERMEDIARY: 00D9D CROSS-REFER NO:	HCFA REDION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 19 PHONE:(305)495-085D
UNITED DIALYSIS OF NEW PORT RICHEY 2407 SOUTH BLVD-P.O. BOX 13D9 ELFERS, FL 342S9 PROVIDER NO: 1D2S29	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: D91678 OWNERSHIP: PROFIT INTERMEDIARY: 00D90 CROSS-REFER NO:	HCFA REDION: 04 TOTAL STATIONS: D08 RENAL NETWORK: 19 PHONE:(813)848-1274
BROWARD NEPHROLOGY ASSOCIATES 1301 S ANDREWS AVE FORT LAUDERDALE, FL 33316 PROVIDER NO: 102SSS	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO CAPD	DATE APPROVED: 090182 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REDION: 04 TOTAL STATIONS: 020 RENAL NETWORK: 19 PHONE:(305)463-3131
NORTH BROWARD NEPHROLOGIST ASSOCIATES 181S E COMMERCIAL BLVD #3D6 FORT LAUDERDALE, FL 33308 PROVIDER NO: 102S6D	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 030183 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REDION: 04 TOTAL STATIONS: 014 RENAL NETWORK: 19 PHONE:(305)491-8023
SW FLORIDA REGIONAL MEDICAL CENTER 3705 EVANS AVE FORT MYERS, FL 33901 PROVIDER NO: 1DD22D	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: PERI CAPD CCPD	DATE APPROVED: 121878 OWNERSHIP: PROFIT INTERMEDIARY: DDD90 CROSS-REFER NO:102321	HCFA REDION: 04 TOTAL STATIONS: DD7 RENAL NETWORK: 19 PHONE:(813)939-1147
SOUTH FLORIOA ARTIFICIAL KIDNEY CTR 2275 SPANISH COURT FT MYERS, FL 339D1 PROVIDER NO: 102S13	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REDION: 04 TOTAL STATIONS: 022 RENAL NETWORK: 19 PHONE:(813)939-0213
COMMUNITY DIALYSIS SVCS OF FT PIERCE 80S VIRGINIA AVE, S-1 FT PIERCE, FL 33482 PROVIDER NO: 102S74	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	OATE APPROVED: DS1085 OWNERSHIP: PROFIT INTERMEDIARY: 0009D CROSS-REFER NO:	HCFA REDION: 04 TOTAL STATIONS: 013 RENAL NETWORK: 19 PHONE:(404)634-0737
EMERALD COAST KIDNEY CENTER 51 YACHT CLUB DR FT WALTON, FL 32548 PROVIDER NO: 102S8D	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 112486 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REOION: 04 TOTAL STATIONS: 006 RENAL NETWORK: 19 PHONE:(904)862-8228

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SHANDS TEACHING HOSP & CLINICS JHMHC BOX J-223 GAINESVILLE, FL 32610 PROVIDER NO: 100113	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00090 CROSS-REFER NO:102312	HCFA REGION: 04 TOTAL STATIONS: 014 RENAL NETWORK: 19 PHONE:(904)392-2866
BMA OF GAINESVILLE 6685 NW 9TH BLVD GAINESVILLE, FL 32605 PROVIDER NO: 102512	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO TRAINING: CAPD	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 021 RENAL NETWORK: 19 PHONE:(904)377-2421
HIALEAH HOSP DIALYSIS UNIT 651 EAST 25TH ST HIALEAH, FL 33013 PROVIDER NO: 100053	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00090 CROSS-REFER NO:102308	HCFA REGION: 04 TOTAL STATIONS: 015 RENAL NETWORK: 19 PHONE:(305)693-6100
PALMETTO MIAMI/LAKES DIALYSIS CTR 7100 W 20TH AVE,SUITE 0-1 HIALEAH, FL 33010 PROVIDER NO: 10253D	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 060178 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 022 RENAL NETWORK: 19 PHONE:(305)823-5000
MEMORIAL HOSP DIALYSIS UNIT 3501 JOHNSON ST HOLLYWOOD, FL 33021 PROVIDER NO: 100038	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00090 CROSS-REFER NO:102306	HCFA REGION: 04 TOTAL STATIONS: 004 RENAL NETWORK: 19 PHONE:(305)987-2000
SOUTH BROWARD AKC 3700 WASHINGTON ST SUITE 102 HOLLYWOOD, FL 33021 PROVIDER NO: 102504	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 030 RENAL NETWORK: 19 PHONE:(305)962-2211
BMA OF HOLLYWOOD 2655 HOLLYWOOD BLVD HOLLYWOOD, FL 33020 PROVIDER NO: 102508	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 020 RENAL NETWORK: 19 PHONE:(305)925-1211
HOMESTEAD ARTIFICIAL KIDNEY CTR 125 NE 8TH ST #6&7 HOMESTEAD, FL 33030 PROVIDER NO: 102565	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 080883 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 012 RENAL NETWORK: 19 PHONE:(305)245-0241
BAYONET POINT/HUDSON KIDNEY CTR 14134 NEPHRON LANE HUDSON, FL 33567 PROVIDER NO: 102563	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 122382 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 19 PHONE:(813)863-5457
INVERNESS DIALYSIS CENTER 208 W HIGHLANDS BLVD INVERNESS, FL 32652 PROVIDER NO: 102579	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 120486 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 19 PHONE:(904)637-0500
UNIV MEDICAL CENTER DIALYSIS UNIT 655 WEST EIGHTH STREET JACKSONVILLE, FL 32209 PROVIDER NO: 100001	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00090 CROSS-REFER NO:102300	HCFA REGION: 04 TOTAL STATIONS: 043 RENAL NETWORK: 19 PHONE:(904)358-3272

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RIVERSIDE HOSP DIALYSIS UNIT 2D33 RIVERSIDE AVENUE JACKSONVILLE, FL 32204 PROVIDER NO: 1D0083	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: PERI CAPD CCPD	DATE APPROVED: 061181 OWNERSHIP: NONPROFIT INTERMEDIARY: D0090 CROSS-REFER NO:1D2326	HCFA REOION: 04 TOTAL STATIONS: 004 RENAL NETWORK: 19 PHONE:(904)387-7000
DIALYSIS CLINIC INC 73S RIVERSIDE AVE JACKSONVILLE, FL 32204 PROVIDER NO: 1D2S31	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO:	DATE APPROVED: 121378 OWNERSHIP: NONPROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REOION: 04 TOTAL STATIONS: 030 RENAL NETWORK: 19 PHONE:(904)355-6602
8APTIST MEDICAL CENTER DIALYSIS UNIT 8DD PRUDENTIAL DR JACKSONVILLE, FL 32207 PROVIDER NO: 1D0088	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAININO:	DATE APPROVED: 033186 OWNERSHIP: NONPROFIT INTERMEDIARY: 0009D CROSS-REFER NO:102330	HCFA REOION: 04 TOTAL STATIONS: 003 RENAL NETWORK: 19 PHONE:(904)398-2846
KEY WEST KIDNEY CENTER 52D SOUTHARD ST KEY WEST, FL 3304D PROVIDER NO: 1D2543	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO:	DATE APPROVED: D7148D OWNERSHIP: PROFIT INTERMEDIARY: D0090 CROSS-REFER NO:	HCFA REDION: 04 TOTAL 6TATION6: DD4 RENAL NETWORK: 19 PHONE:(305)294-8454
OSCEOLA ARTIFICIAL KIDNEY CENTER 2D1 HILDA ST SUITE 23 KISSIMMEE, FL 32741 PROVIDER NO: 1D2569	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: CAPD	DATE APPROVED: 022984 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REOION: 04 TOTAL STATIONS: 0D7 RENAL NETWORK: 19 PHONE:(305)933-2210
8IO MEDICAL APPLICATIONS OF LAKE CITY 559 E FRANKLIN ST-8OX 2559 LAKE CITY, FL 3205S PROVIDER NO: 102S48	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: CAPD	DATE APPROVED: 06D181 OWNERSHIP: PROFIT INTERMEDIARY: DD09D CROSS-REFER NO:	HCFA REOION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 19 PHONE:(904)377-2421
COMMUNITY DIALYSIS SVCS OF LAKELAND 515 E 8ELLA VISTA LAKELAND, FL 33805 PROVIDER NO: 102S24	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININO: HEMO PERI CAPD CCPD	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REOION: 04 TOTAL STATIONS: D16 RENAL NETWORK: 19 PHONE:(813)688-5463
WATSON CLINIC KIDNEY CTR 1SSO LAKELAND HILLS 8LVD LAKELAND, FL 33805 PROVIDER NO: 102576	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO: HEMO CAPD	DATE APPROVED: 082785 OWNERSHIP: PROFIT INTERMEDIARY: D009D CROSS-REFER NO:	HCFA REOION: 04 TOTAL STATIONS: D13 RENAL NETWORK: 19 PHONE:(818)687-4000
S PALM 8EACH DIALYSIS CTR 1177 HYPOLUXO RO LANTANA, FL 33462 PROVIDER NO: 102539	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAININO: PERI CAPD CCPD	DATE APPROVED: 032480 OWNERSHIP: PROFIT INTERMEDIARY: 0009D CROSS-REFER NO:	HCFA REOION: 04 TOTAL STATIONS: 017 RENAL NETWORK: 19 PHONE:(305)586-8271
FLORIDA MEDICAL CTR HOSP-ESRO SOOO W. OAKLAND PARK 8LVO. LAUDERDALE LAKES, FL 33313 PROVIDER NO: 100210	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTEO: HEMO SELF-CARE: TRAININO:	DATE APPROVED: 032284 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:102318	HCFA REOION: 04 TOTAL STATIONS: 003 RENAL NETWORK: 19 PHONE:(305)735-6000
FLORIDA KIDNEY CENTER 4850 WEST OAKLAND PARK 8LVD LAUDERDALE LAKES, FL 33313 PROVIDER NO: 102559	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININO: HEMO PERI CAPD CCPD	DATE APPROVED: 040183 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REOION: 04 TOTAL STATIONS: 024 RENAL NETWORK: 19 PHONE:(305)735-6000

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MIO-FLORIDA DIALYSIS INC 801 E DIXIE AVE #A-108 LEESBURG, FL 32748 PROVIDER NO: 102551	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 092481 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 012 RENAL NETWORK: 19 PHONE: (904)728-1153
MELBOURNE KIDNEY CENTER 1400 SOUTH APOLLO BLVD MELBOURNE, FL 32901 PROVIDER NO: 102517	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 025 RENAL NETWORK: 19 PHONE: (305)724-0461
BREVARD KIDNEY HYPERTENSION CENTER 375 S COURTENAY PARKWAY UNIT 7 MERRITT ISLAND, FL 32952 PROVIDER NO: 102653	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 020482 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 015 RENAL NETWORK: 19 PHONE: (305)636-4881
JACKSON MEMORIAL HOSP-DIALYSIS UNIT 1611 NW 12TH AVE MIAMI, FL 33136 PROVIDER NO: 100022	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00090 CROSS-REFER NO: 102304	HCFA REGION: 04 TOTAL STATIONS: 017 RENAL NETWORK: 19 PHONE: (612)305-0325
MOUNT SINAI MED CTR DIALYSIS UNIT 4300 ALTON RD MIAMI, FL 33140 PROVIDER NO: 100034	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00090 CROSS-REFER NO: 102305	HCFA REGION: 04 TOTAL STATIONS: 006 RENAL NETWORK: 19 PHONE: (305)674-2121
MERCY HOSP DIALYSIS UNIT 3663 S MIAMI AVE MIAMI, FL 33133 PROVIDER NO: 100061	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00090 CROSS-REFER NO: 102310	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 19 PHONE: (305)854-4400
PARKWAY GENERAL HOSP- 160 NW 170TH ST MIAMI, FL 33169 PROVIDER NO: 100114	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO: 102313	HCFA REGION: 04 TOTAL STATIONS: 000 RENAL NETWORK: 19 PHONE: (305)651-1100
AMI KENDALL REGIONAL MEDICAL CTR 11750 BIRD ROAD MIAMI, FL 33165 PROVIDER NO: 100209	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO: 102317	HCFA REGION: 04 TOTAL STATIONS: 003 RENAL NETWORK: 19 PHONE: (305)223-3000
S FL ARTIFICAL KID CENTER INC 8925 SW 148TH ST MIAMI, FL 33176 PROVIDER NO: 102502	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 015 RENAL NETWORK: 19 PHONE: (305)255-3100
BMA OF MIAMI INC 1601 NW 8TH AVE MIAMI, FL 33136 PROVIDER NO: 102503	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 038 RENAL NETWORK: 19 PHONE: (305)324-1727
BMA OF DADE COUNTY INC 1190 NW 95TH ST #206 MIAMI, FL 33150 PROVIDER NO: 102507	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: PERI CAPD	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 019 RENAL NETWORK: 19 PHONE: (305)576-1244

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PEROUE MEDICAL CENTER-ESRO 19590 OLD CUTLER RO MIAMI, FL 33157 PROVIDER NO: 102516	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 009 RENAL NETWORK: 19 PHONE:(305)233-8931
AMERICAN DIALYSIS CENTER INC 11080 BIRD RD. SUITE 405 MIAMI, FL 33175 PROVIDER NO: 102522	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 022 RENAL NETWORK: 19 PHONE:(305)223-7801
INTERAMERICAN DIALYSIS INSTITUTE 2350 SW 84TH AVE MIAMI, FL 33155 PROVIDER NO: 102532	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: PERI CAPD CCPD	DATE APPROVED: 120278 OWNERSHIP: PROFIT INTERMEDIARY: 51100 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 021 RENAL NETWORK: 19 PHONE:(306)261-4823
MIAMI DIALYSIS CENTER INC 1250 NW 7TH ST #107 MIAMI, FL 33125 PROVIDER NO: 102566	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 092183 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 015 RENAL NETWORK: 19 PHONE:(305)545-7660
LEJEUNE DIALYSIS CENTER 4338 N.W. 7TH STREET MIAMI, FL 33126 PROVIDER NO: 102578	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 050786 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 19 PHONE:(305)448-9888
CENTER FOR KIDNEY DISEASE 1190 NW 95TH ST #207 MIAMI, FL 33150 PROVIDER NO: 102583	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO PERI	DATE APPROVED: 050787 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 004 RENAL NETWORK: 19 PHONE:(305)835-7045
ST FRANCIS HOSP DIALYSIS UNIT 250 W 63 ST MIAMI BEACH, FL 33141 PROVIDER NO: 100059	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00090 CROSS-REFER NO:102309	HCFA REGION: 04 TOTAL STATIONS: 016 RENAL NETWORK: 19 PHONE:(305)868-5000
SOUTH FLORIDA AKA-NAPLES 5147 CASTELLO DRIVE NAPLES, FL 33940 PROVIDER NO: 102534	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 020179 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 014 RENAL NETWORK: 19 PHONE:(813)263-0803
BMA-NORTH MIAMI BEACH 16800 NW 2ND AVE SUITE 107 NORTH MIAMI BEACH, FL 33169 PROVIDER NO: 102509	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 016 RENAL NETWORK: 19 PHONE:(305)652-0531
NORTH BEACH DIALYSIS CENTER 16401 NW 2ND AVE #100 NORTH MIAMI BEACH, FL 33169 PROVIDER NO: 102558	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 022383 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 017 RENAL NETWORK: 19 PHONE:(305)940-9393
OCALA REGIONAL KIDNEY CENTER 2955 S.E. 3RD COURT OCALA, FL 32674 PROVIDER NO: 102537	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 091979 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 026 RENAL NETWORK: 19 PHONE:(904)732-3636

STATE=FLORIDA CONTINUED

ORLANDO REGIONAL MEDICAL CTR INC 1414 S KUHL AVE ORLANDO, FL 32806 PROVIDER NO: 100006	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00090 CROSS-REFER NO:102301	HCFA REGION: 04 TOTAL STATIONS: 000 RENAL NETWORK: 19 PHONE:(305)841-5111
FLORIDA HOSPITAL DIALYSIS UNIT 601 E ROLLINS AVE ORLANDO, FL 32803 PROVIDER NO: 100007	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00090 CROSS-REFER NO:102302	HCFA REGION: 04 TOTAL STATIONS: 007 RENAL NETWORK: 19 PHONE:(305)896-6611
CENTRAL FLORIDA KIDNEY CENTER INC 106 BONNIE LOCH COURT ORLANDO, FL 32806 PROVIDER NO: 102606	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 028 RENAL NETWORK: 19 PHONE:(305)843-6110
ORLANDO ARTIFICAL KIDNEY CTR 3100 CLAY AVE SUITE 161 ORLANDO, FL 32804 PROVIDER NO: 102511	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO PERI TRAINING: HEMO CAPD	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 026 RENAL NETWORK: 19 PHONE:(305)848-4815
CENTRAL FLORIDA AKC 4301 VINELAND RD S-E17 ORLANDO, FL 32811 PROVIDER NO: 102586	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 0817B7 OWNERSHIP: NONPROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 006 RENAL NETWORK: 19 PHONE:(305)425-4415
PALM BEACH GARDENS ARTIFICAL KID CTR 3370 BURNS RD #206 PALM BEACH GARDENS, FL 33410 PROVIDER NO: 102527	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 080170 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 19 PHONE:(305)622-2300
PALMETTO ARTIFICIAL KIDNEY CTR 905 9TH AVE EAST PALMETTO, FL 33561 PROVIDER NO: 102562	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 010383 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 012 RENAL NETWORK: 19 PHONE:(813)729-4858
PANAMA CITY ARTIFICIAL KIDNEY CENTER 510 N MACARTHUR AVE (BOX 2347) PANAMA CITY, FL 32402 PROVIDER NO: 102614	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 026 RENAL NETWORK: 19 PHONE:(904)785-1233
BAPTIST HOSP 1000 WEST MORENO STREET PENSACOLA, FL 32501 PROVIDER NO: 100093	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 071481 OWNERSHIP: NONPROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 000 RENAL NETWORK: 19 PHONE:(904)434-4571
WEST FLORIDA HOSP 8383 N DAVIS HIGHWAY PENSACOLA, FL 32504 PROVIDER NO: 100231	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 52200 CROSS-REFER NO:102319	HCFA REGION: 04 TOTAL STATIONS: 000 RENAL NETWORK: 19 PHONE:(904)478-4460
NW FLORIDA ARTIFICIAL KIDNEY CTR 1717 NORTH "E" ST #506 PENSACOLA, FL 32501 PROVIDER NO: 102501	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: PERI CAPD CCPD	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 018 RENAL NETWORK: 19 PHONE:(904)433-5451

STATE=FLORIOA CONTINUED

MEOICAL CTR CLINIC DIALYSIS CTR 8333 N OAVIS HWY PENSACOLA, FL 32514 PROVIDER NO: 1D2518	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTEO: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPO	DATE APPROVED: 09D176 OWNERSHIP: PROFIT INTERMEDIARY: 00D90 CROSS-REFER NO:	HCFA REOION: 04 TOTAL STATIONS: 01D RENAL NETWORK: 19 PHONE:(904)478-4121
COMMUNITY DIALYSIS SER OF PLANT CITY 121 PROSSER DRIVE PLANT CITY, FL 33566 PROVIDER ND: 102SS4	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 040282 OWNERSHIP: PRDFIT INTERMEOIARY: 00D90 CROSS-REFER NO:	HCFA REOION: 04 TOTAL STATIONS: D14 RENAL NETWORK: 19 PHONE:(813)7S2-2136
8RDWARD CHRONIC HEMODIALYSIS INC 4101 NW 4TH ST,SUITE 207 PLANTATION, FL 33317 PRDVIDER NO: 1D2S36	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPO	DATE APPROVED: D11D8D DWNERSHIP: PROFIT INTERMEOIARY: DD09D CROSS-REFER ND:	HCFA REDION: D4 TOTAL STATIONS: 025 RENAL NETWORK: 19 PHONE:(3O6)583-21DD
POMPAND ARTIFICIAL KIONEY CENTER 3800 NE 3RO AVE POMPANO 0EACH, FL 33064 PRDVIOER NO: 102S68	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAINING:	OATE APPROVED: 030884 OWNERSHIP: PRDFIT INTERMEDIARY: 00D90 CRDSS-REFER NO:	HCFA REOION: 04 TDTAL STATIONS: D13 RENAL NETWORK: 19 PHONE:(3DS)771-954D
NE 8ROWARD ARTIFICIAL KIONEY CTR 3664 NE 18TH TERRACE POMPAND 8EACH, FL 33D64 PRDVIOER NO: 102S7O	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAININO: HEMO PERI CAPO	OATE APPROVED: 032384 DWNERSHIP: PROFIT INTERMEDIARY: DD09D CROSS-REFER NO:	HCFA REDION: 04 TOTAL STATIONS: D12 RENAL NETWDRK: 19 PHONE:(3D5)739-2S11
PORT CHARLDTTE ARTIFICIAL KIONEY CTR 2S25 HAR8DR 8LVD, SUITE 101 PORT CHARLOTTE, FL 339S2 PROVIDER NO: 102549	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: D8D381 DWNERSHIP: PROFIT INTERMEDIARY: 0D09D CROSS-REFER NO:	HCFA REOIDN: D4 TOTAL STATIDNS: D12 RENAL NETWORK: 19 PHONE:(813)62S-2822
8MA OF SANFDRD INC 210 E COMMERICIAL ST SANFORD, FL 32771 PRDVIDER NO: 102S46	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAININO: CAPD	DATE APPROVED: 121S8D DWNERSHIP: PROFIT INTERMEDIARY: D0D9D CROSS-REFER NO:	HCFA REOIDN: D4 TOTAL STATIONS: 016 RENAL NETWORK: 19 PHONE:(305)323-37D6
SARASOTA MEMORIAL HDSP CAPO UNIT 1901 ARLINGTDN ST SARASOTA, FL 33S79 PROVIOER NO: 100087	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTEO: SELF-CARE: TRAINING: PERI CAPO	OATE APPROVEO: D3D681 OWNERSHIP: NONPRDFIT INTERMEOIARY: ODD9D CROSS-REFER ND:10232S	HCFA REDION: 04 TOTAL STATIONS: 001 RENAL NETWORK: 19 PHONE:(813)953-1268
SARASOTA ARTIFICIAL KIONEY CENTER 1428 S TAMIAMI TRAIL SARASOTA, FL 33579 PROVIOER NO: 102S1S	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAINING:	DATE APPROVED: D9D176 OWNERSHIP: PRDFIT INTERMEOIARY: 00D90 CROSS-REFER NO:	HCFA REDION: D4 TOTAL STATIDNS: D2D RENAL NETWORK: 19 PHONE:(813)366-2122
RENAL CARE CENTER OF SE8RINO 10 MEDICAL CENTER SE8RING, FL 33870 PROVIOER NO: 102564	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAININO:	OATE APPROVEO: 060183 OWNERSHIP: PROFIT INTERMEOIARY: 00D90 CROSS-REFER NO:	HCFA REOION: 04 TOTAL STATIONS: 012 RENAL NETWORK: 19 PHONE:(813)38S-73S1
SEMINOLE DIALYSIS CTR S666 SEMINOLE 8LVO, #6 SEMINOLE, FL 33S42 PROVIOER NO: 102S81	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI	OATE APPROVFO: 020587 OWNERSHIP: PROFIT INTERMEDIARY: 00D90 CROSS-REFER NO:	HCFA REOION: 04 TOTAL STATIONS: 004 RENAL NETWORK: 19 PHONE:(813)393-SS51

STATE=FLORIDA CONTINUED

RENAL CARE CENTER OF ST AUGUSTINE 11 TREMERTON ST #2 ST AUGUSTINE, FL 32084 PROVIDER NO: 102SS7	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 122082 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 19 PHONE:(904)824-6191
BIO MED APPLICATIONS OF ST PETERSBURG 8601 4TH ST NORTH,SUITE 110 ST PETERSBURG, FL 33702 PROVIDER NO: 102619	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 020 RENAL NETWORK: 19 PHONE:(813)251-8067
SOUTH ST PETERSBURG ART KID CENTER 3251 3RD AVE NORTH #125 ST PETERSBURG, FL 33713 PROVIDER NO: 102647	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: PERI CAPD CCPD	DATE APPROVED: 100180 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 017 RENAL NETWORK: 19 PHONE:(813)822-2385
ALL CHILDREN'S HOSPITAL(ESRD) 801 SIXTH ST SOUTH, BOX 786 ST PETERSBURG, FL 33701 PROVIDER NO: 103300	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: PERI CAPD	DATE APPROVED: 100183 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:102328	HCFA REGION: 04 TOTAL STATIONS: 004 RENAL NETWORK: 19 PHONE:(813)898-7451
INDIAN RIVER ARTIFICAL KIDNEY CENTER 1851 S KANNER HWY STUART, FL 33494 PROVIDER NO: 102525	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 014 RENAL NETWORK: 19 PHONE:(305)286-2470
TALLAHASSEE MEMORIAL REG MEDICAL CTR 1221 WOODS DRIVE TALLAHASSEE, FL 32308 PROVIDER NO: 100135	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00090 CROSS-REFER NO:102315	HCFA REGION: 04 TOTAL STATIONS: 037 RENAL NETWORK: 19 PHONE:(904)681-5403
TAMPA GENERAL HOSP DIALYSIS UNIT DAVIS ISLAND TAMPA, FL 33606 PROVIDER NO: 100128	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00090 CROSS-REFER NO:102314	HCFA REGION: 04 TOTAL STATIONS: 026 RENAL NETWORK: 19 PHONE:(813)974-4214
BIO MEDICAL APPLICATIONS OF TAMPA 402 SOUTH BOULEVARD TAMPA, FL 33606 PROVIDER NO: 102506	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 025 RENAL NETWORK: 19 PHONE:(813)251-8067
COMMUNITY DIALYSIS SVCS OF TAMPA 13801 N 30TH ST,SUITE 202 TAMPA, FL 33613 PROVIDER NO: 102523	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 020 RENAL NETWORK: 19 PHONE:(813)977-1773
BMA OF TARPON SPRINGS INC. 516 SOUTH HUEY AVE TARPON SPRINGS, FL 33589 PROVIDER NO: 102552	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 110481 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 006 RENAL NETWORK: 19 PHONE:(813)937-5123
COMMUNITY DIALYSIS SVCS OF VENICE 530 S NOKOMIS AVE SUITE 200 VENICE, FL 33595 PROVIDER NO: 102535	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 022879 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 013 RENAL NETWORK: 19 PHONE:(813)484-3781

STATE=FLORIOA CONTINUEO

VERO 0EACH ARTIFICIAL KIONEY CENTER 1049 2STH ST VERO BEACH, FL 32960 PROVIOER NO: 102SS0	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAINING: CAPO	OATE APPROVEO: 072781 OWNERSHIP: PROFIT INTERMEOIARY: 00090 CROSS-REFER NO:	HCFA REOION: 04 TOTAL STATIONS: 006 RENAL NETWORN: 19 PHONE:(305)567-4201
ST MARYS HOSP OIALYSIS UNIT 901 4STH STREET WEST PALM 0EACH, FL 33407 PROVIOER NO: 100010	FACILITY TYPE: OIALYSIS CENTER STAFF-ASSISTEO: HEMO SELF-CARE: TRAININO: HEMO	OATE APPROVEO: 090176 OWNERSHIP: NONPROFIT INTERMEOIARY: 00090 CROSS-REFER NO:102303	HCFA REOION: 04 TOTAL STATIONS: 01S RENAL NETWORK: 19 PHONE:(305)844-6300
OIALYSIS ASSOCIATES OF PALM 0EACHES 323 EUCALYPTUS ST WEST PALM 0EACH, FL 33401 PROVIOER NO: 102S10	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO PERI SELF-CARE: TRAININO: HEMO CAPO	OATE APPROVEO: 090176 OWNERSHIP: PROFIT INTERMEOIARY: 00090 CROSS-REFER NO:	HCFA REOION: 04 TOTAL STATIONS: 01S RENAL NETWORK: 19 PHONE:(305)832-8S31
COS-WINTER HAVEN 1624 6TH ST NW WINTER HAVEN, FL 33001 PROVIOER NO: 102S4S	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAININO: CAPO	OATE APPROVEO: 012001 OWNERSHIP: PROFIT INTERMEOIARY: 00090 CROSS-REFER NO:	HCFA REOION: 04 TOTAL STATIONS: 020 RENAL NETWORK: 19 PHONE:(013)294-8851
WINTER HAVEN NIONEY CTR 700 AVENUE F NE WINTER HAVEN, FL 33080 PROVIOER NO: 1000S2	FACILITY TYPE: OIALYSIS CENTER STAFF-ASSISTEO: HEMO SELF-CARE: TRAINING:	OATE APPROVEO: 081387 OWNERSHIP: NONPROFIT INTERMEOIARY: 00090 CROSS-REFER NO:102331	HCFA REOION: 04 TOTAL STATIONS: 004 RENAL NETWORK: 19 PHONE:(013)294-3410

STATE=DEDRDIA

OIALYSIS CLINIC INC 1200 N JEFFERSON ST AL8ANY, DA 31701 PRDVIDER NO: 1125D9	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRA1NING: HEMO PERI CAPO CCPD	DATE APPROVEO: 09D176 DWNERSHIP: NDNPRDFIT INTERMEDIARY: DD101 CROSS-REFER ND:	HCFA REGIDN: D4 TOTAL STATIDNS: D25 RENAL NETWDRK: 2D PHDNE:(912)888-3996
AMEHICUS 01ALYSIS FACILITY 1516 N LEE ST AMERICUS, DA 31709 PRDV1DER ND: 112528	FACILITY TYPE: 01ALYSIS FACILITY STAFF-ASS1STEO: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPRDVED: D22483 OWNERSHIP: PROFIT INTERMEDIARY: DD1D1 CROSS-REFER NO:	HCFA REGIDN: 04 TOTAL STATIDNS: D15 RENAL NETWDRK: 20 PHONE:(912)928-2257
ATHENS DIALYSIS FACILITY INC 2D47 PRINCE AVE # A ATHENS, OA 3D610 PROVIDER NO: 112513	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO TRA1NING: HEMO CAPD	DATE APPRDVED: D71877 OWNERSHIP: PROFIT INTERMEDIARY: 0D1D1 CRDSS-REFER NO:	HCFA REGION: D4 TOTAL STATIONS: 035 RENAL NETWORK: 2D PHONE:(404)546-0083
EMDRY UNIVERS1TY HOSP- 1364 CLIFTDN RD NE ATLANTA, OA 30322 PRDVIDER ND: 110010	FACIL1TY TYPE: TRANSPLANT ONLY STAFF-ASSISTEO: SELF-CARE: TRAININO:	OATE APPRDVED: 050184 DWNERSHIP: NDNPROFIT INTERMEOIARY: 001DD CRDSS-REFER ND:112300	HCFA REGION: D4 TOTAL STATIONS: 000 RENAL NETWORK: 20 PHONE:(4D4)727-7D21
ATLANTA REOIONAL NEPHRDLODY CTR 80 DUTLER ST SE ATLANTA, OA 3D335 PROVIDER ND: 110079	FAC1LITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININO: CAPD	OATE APPROVED: 09D176 DWNERSHIP: NDNPROFIT INTERMEOIARY: 0D1D1 CROSS-REFER ND:112307	HCFA REGION: 04 TOTAL STATIONS: D14 RENAL NETWORK: 2D PHDNE:(404)589-4700
PIEDMONT HDSP-OIALYSIS UNIT 1968 PEACHTREE RO NW ATLANTA, OA 3D3D9 PRDVIDER NO: 110083	FACILITY TYPE: TRANSPLANT/OIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAININO: HEMO PERI CAPD CCPD	DATE APPROVED: D61586 OWNERSHIP: NONPROFIT INTERMEOIARY: 00101 CRDSS-REFER NO:112308	HCFA REGIDN: 04 TOTAL STATIONS: 013 RENAL NETWORK: 20 PHONE:(404)350-3414
HENR1ETTA EOLESTON HOSP FDR CHILDREN 1405 CLIFTON RD NE ATLANTA, OA 30322 PRDVIDER NO: 11D196	FAC1LITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININD: PERI CAPD CCPD	OATE APPRDVED: 01D584 DWNERSHIP: NDNPROFIT INTERMEDIARY: 00101 CROSS-REFER NO:112313	HCFA REGION: 04 TOTAL STATIONS: 003 RENAL NETWDRK: 2D PHONE:(404)325-6000
NDRTHSIDE OIALYSIS CENTER 993 JDHNSDN FERRY RD 8LDD D#13D ATLANTA, OA 30342 PROVIDER NO: 1125D2	FACILITY TYPE: 01ALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININO: HEMO PERI CAPD CCPO	DATE APPROVEO: 090176 OWNERSHIP: PROFIT INTERMEDIARY: DD1D1 CRDSS-REFER NO:	HCFA REGIDN: D4 TOTAL STATIDNS: 018 RENAL NETWORK: 20 PHONE:(4D4)256-3118
OIALYSIS CLIN1C 120 P1EDMONT AVE. ATLANTA, OA 3D303 PROVIDER NO: 112503	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININO: HEMO PERI CAPD	DATE APPROVED: 090176 OWNERSHIP: NDNPRDFIT INTERMEOIARY: 00101 CROSS-REFER NO:	HCFA REDION: 04 TOTAL STATIONS: D40 RENAL NETWORK: 2D PHONE:(404)588-3756
8IO-MEDICAL APPLICATIONS OF ATLANTA 1595 PHOENIX 8LVD #1 ATLANTA, OA 3D349 PROVIDER NO: 112504	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO PERI TRAININO: HEMO CAPD CCPD	DATE APPROVED: D9D176 OWNERSHIP: PROFIT INTERMEDIARY: 0D1D1 CROSS-REFER ND:	HCFA REGIDN: 04 TOTAL STATIONS: 018 RENAL NETWDRK: 20 PHONE:(404)996-5889
OIALYSIS CLINIC INC 828 WEST PEACHTREE ST NE ATLANTA, OA 30308 PROVIDER NO: 112512	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASS1STED: HEMO SELF-CARE: TRAININO:	DATE APPROVED: 060677 OWNERSHIP: NDNPROFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REGION: D4 TOTAL STATIDNS: 020 RENAL NETWORK: 20 PHONE:(404)588-4364

STATE=GEORGIA CONTINUED

DIALYSIS CLINIC INC 820 W PEACHTREE NW ATLANTA, GA 30308 PROVIDER NO: 112522	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 070681 OWNERSHIP: NONPROFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 020 RENAL NETWORK: 20 PHONE:(404)588-3349
SW ATLANTA DIALYSIS CTR INC. 3620 MARTIN L KING DR SW ATLANTA, GA 30331 PROVIDER NO: 112523	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 062481 OWNERSHIP: PROFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 018 RENAL NETWORK: 20 PHONE:(404)696-7300
MED COLLEGE OF GA HOSP & CLINICS 1120 15TH ST AUGUSTA, GA 30912 PROVIDER NO: 110034	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00101 CROSS-REFER NO:112303	HCFA REGION: 04 TOTAL STATIONS: 014 RENAL NETWORK: 20 PHONE:(404)828-0211
AUGUSTA DIALYSIS CENTER 1109 MEDICAL CTR DR #6A AUGUSTA, GA 30909 PROVIDER NO: 1125D1	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: D0101 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 024 RENAL NETWORK: 20 PHONE:(404)863-7454
WILLETTE WALLACE DIALYSIS CENTER 1402 WALTON WAY AUGUSTA, GA 30901 PROVIDER NO: 112521	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING:	DATE APPROVED: 021881 OWNERSHIP: PROFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 023 RENAL NETWORK: 20 PHONE:(404)722-4854
DECATUR COUNTY DIALYSIS FACILITY 700 GORDON AVE BAINBRIDGE, GA 31717 PROVIDER NO: 112537	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 101085 OWNERSHIP: NONPROFIT INTERMEDIARY: D0101 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 20 PHONE:(912)243-D280
COS SE GA DIALYSIS FACILITY 145-A DARIEN HWY BRUNWICK, GA 31520 PROVIDER NO: 112514	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 071477 OWNERSHIP: PROFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 011 RENAL NETWORK: 20 PHONE:(912)264-8657
BMA OF CARROLLTON 215 ALABAMA STREET CARROLLTON, GA 30117 PROVIDER NO: 11252D	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 01D581 OWNERSHIP: PROFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 20 PHONE:(404)832-1322
THE MEDICAL CTR-RENAL DIALYSIS #74 P.O. BOX 951 COLUMBUS, GA 31994 PROVIDER NO: 11D064	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: D90176 OWNERSHIP: NONPROFIT INTERMEDIARY: 001D1 CROSS-REFER NO:1123D5	HCFA REGION: 04 TOTAL STATIONS: 026 RENAL NETWORK: 20 PHONE:(404)571-1229
DIALYSIS CLINIC INC 71D FRONT AVE COLUMBUS, GA 319D4 PROVIDER NO: 11253D	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 081783 OWNERSHIP: PROFIT INTERMEDIARY: DD101 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: D25 RENAL NETWORK: 20 PHONE:(404)323-2415
BMA-COVINGTON 4136 NEWTON DR NE COVINGTON, GA 302D9 PROVIDER NO: 112533	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 053184 OWNERSHIP: PROFIT INTERMEDIARY: D01D1 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: D08 RENAL NETWORK: 20 PHONE:(404)787-6720

STATE=DEORDIA CDNTINUED

DALTON DIALYSIS CLINIC 1401 OURLEYSDN DRIVE OALTDN, DA 3072D PROVIDER NO: 112524	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: D11182 OWNERSHIP: PROFIT INTERMEDIARY: 0D101 CRDSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 20 PHDNE:(404)278-1D70
DMA-DEKALD DWINNETT 497 WINN WAY SUITE 21D DECATUR, DA 3D03D PROVIDER ND: 112511	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININD: HEMO PERI CAPD	DATE APPROVED: 090177 DWNERSHIP: PRDFIT INTERMEDIARY: 00101 CRDSS-REFER ND:	HCFA REGIDN: D4 TOTAL STATIDNS: 019 RENAL NETWORK: 20 PHDNE:(4D4)294-7033
KIDNEY DIALYSIS FAC OF DOUDLAS 1D1 BDWEN MILL RD DDUDLAS COFFEE, DA 31533 PROVIDER NO: 112535	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAININD: HEMO PERI CAPD	DATE APPRDVED: D21385 OWNERSHIP: PROFIT INTERMEDIARY: DD1D1 CROSS-REFER NO:	HCFA REGIDN: D4 TOTAL STATIONS: 0D6 RENAL NETWORK: 20 PHDNE:(912)384-3439
DDUDLAS DIALYSIS FACILITY INC 6126 PRESSLEY MILL RD DDUDLASVILLE, DA 3D134 PROVIDER ND: 112526	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: CAPD	DATE APPROVED: 100482 DWNERSHIP: PROFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REGION: D4 TOTAL STATIONS: 006 RENAL NETWORK: 20 PHONE:(404)424-3391
LAURENS CDUNTY DIALYSIS CTR 24DD BELLEVUE RD DUDLIN, DA 31D21 PROVIDER ND: 112546	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD:	DATE APPRDVED: 071587 DWNERSHIP: PROFIT INTERMEDIARY: 001D1 CRDSS-REFER ND:	HCFA REGION: D4 TOTAL STATIONS: 006 RENAL NETWDRK: 20 PHONE:(912)272-5190
BIO-MEDICAL APPLICATIONS DF EASTMAN ORIFFIN ST EASTMAN, DA 31023 PROVIDER ND: 112519	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: CAPD	DATE APPROVED: 10198D DWNERSHIP: PROFIT INTERMEDIARY: 0D101 CROSS-REFER NO:	HCFA REGIDN: 04 TDTAL STATIDNS: D1D RENAL NETWORK: 20 PHONE:(912)374-4777
ELBERTDN DIALYSIS FACILITY INC 325 N MCINTOSH ST ELBERTON, DA 3D635 PROVIDER ND: 112545	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAININD: HEMO PERI	DATE APPROVED: 051387 OWNERSHIP: PROFIT INTERMEDIARY: 001DD CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 006 RENAL NETWDRK: 2D PHONE:(404)283-9530
NORTHEAST DEORDIA MEDICAL CENTER 743 SPRIND ST,N.E. DAINESVILLE, DA 3D501 PROVIDER NO: 110029	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: PERI TRAININD: PERI CAPD	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00101 CROSS-REFER NO:112302	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 20 PHONE:(404)535-3553
DRIFFIN DIALYSIS FACILITY INC 731 SOUTH 8TH ST ORIFFIN, DA 3D223 PRDVIDER ND: 112529	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD:	DATE APPRDVED: 031783 OWNERSHIP: PRDFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REDION: 04 TOTAL STATIDNS: DD9 RENAL NETWORK: 20 PHONE:(404)227-1717
COMMUNITY DIALYSIS SERVICES 13D3 S FIRST ST JESUP, DA 31545 PROVIDER NO: 112532	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO PERI TRAININD: PERI CAPD CCPD	DATE APPROVED: 050884 OWNERSHIP: PRDFIT INTERMEDIARY: 001D1 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 012 RENAL NETWORK: 2D PHONE:(912)427-8946
CLAYTON DIALYSIS CENTER 118 STDCK8RIDGE RD JDNESBDRD, DA 30236 PROVIDER NO: 112517	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 040979 DWNERSHIP: PROFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REGION: D4 TOTAL STATIDNS: D18 RENAL NETWORK: 20 PHONE:(404)471-2381

STATE=GEORGIA CONTINUED

WEST GEORGIA MED CTR-DIALYSIS UNIT 1514 VERNON RD BOX 1567 LA GRANGE, GA 30240 PROVIDER NO: 110016	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 091079 OWNERSHIP: NONPROFIT INTERMEDIARY: 00101 CROSS-REFER NO:112311	HCFA REGION: 04 TOTAL STATIONS: 017 RENAL NETWORK: 20 PHONE:(404)882-1411
NORTHSIDE DIALYSIS OF GWINNETT CO 601 A PROFESSIONAL DR LAWRENCEVILLE, GA 30245 PROVIDER NO: 112539	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 021386 OWNERSHIP: PROFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 006 RENAL NETWORK: 20 PHONE:(404)962-6053
BMA-CENTRAL GA DIALYSIS CENTER INC 770 PINE ST, SUITE 200 MACON, GA 31201 PROVIDER NO: 112506	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 041 RENAL NETWORK: 20 PHONE:(912)743-0581
MACON DIALYSIS FACILITY INC. #1 BACONSFIELD,SUITE 206 MACON, GA 31211 PROVIDER NO: 112516	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 110278 OWNERSHIP: PROFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 032 RENAL NETWORK: 20 PHONE:(912)743-9506
CORE DIALYSIS FACILITY 833 CAMPBELL HILL ST #340 MARIETTA, GA 30060 PROVIDER NO: 112510	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 019 RENAL NETWORK: 20 PHONE:(404)424-8391
CANDLER CO HOSP CEDAR RD P.O. BOX 597 METTER, GA 30439 PROVIDER NO: 110096	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00101 CROSS-REFER NO:112309	HCFA REGION: 04 TOTAL STATIONS: 013 RENAL NETWORK: 20 PHONE:(912)685-5741
BALDWIN CTY DIALYSIS 521 W MONTGOMERY ST MILLEDGEVILLE, GA 31061 PROVIDER NO: 112544	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING:	DATE APPROVED: 020287 OWNERSHIP: PROFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 006 RENAL NETWORK: 20 PHONE:(912)743-0581
COLQUITT REGIONAL MED CTR-DIALYSIS 3131 THOMASVILLE HGWY(BOX 40) MOULTRIE, GA 31768 PROVIDER NO: 110105	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 030686 OWNERSHIP: NONPROFIT INTERMEDIARY: 00101 CROSS-REFER NO:112314	HCFA REGION: 04 TOTAL STATIONS: 006 RENAL NETWORK: 20 PHONE:(912)985-3420
COMMUNITY DIALYSIS SERVICE OF NW GA 101 REDMOND RD ROME, GA 30161 PROVIDER NO: 112505	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 020 RENAL NETWORK: 20 PHONE:(404)291-2656
TRI-COUNTY DIALYSIS 822 CHICKAMAUGA AVE ROSSVILLE, GA 30741 PROVIDER NO: 112536	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 072285 OWNERSHIP: PROFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 006 RENAL NETWORK: 18 PHONE:(404)866-5993
BMA-SANDERSVILLE DIALYSIS FACILITY 618 S HARRIS ST SANDERSVILLE, GA 31082 PROVIDER NO: 112534	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 071284 OWNERSHIP: PROFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 007 RENAL NETWORK: 20 PHONE:(612)552-6818

MEMORIAL MEDICAL CENTER 4700 WATERS AVE SAVANNAH, GA 31404 PROVIDER NO: 110036	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00101 CROSS-REFER NO:I12304	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 20 PHONE:(912)356-8347
COASTAL DIALYSIS MED CLINIC 1460 EAST VICTORY DRIVE SAVANNAH, GA 31404 PROVIDER NO: 112507	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 030 RENAL NETWORK: 20 PHONE:(912)232-2691
STATESBORO DIALYSIS FACILITY 201 DONEHOO ST STATESBORO, GA 30450 PROVIDER NO: 112642	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 072986 OWNERSHIP: PROFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 006 RENAL NETWORK: 20 PHONE:(404)764-2391
SW GEORGIA DIALYSIS FACILITY 112 MIMOSA DR P.O. BOX 1018 THOMASVILLE, GA 31792 PROVIDER NO: 110038	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 071480 OWNERSHIP: NONPROFIT INTERMEDIARY: 00101 CROSS-REFER NO:112312	HCFA REGION: 04 TOTAL STATIONS: 025 RENAL NETWORK: 20 PHONE:(912)228-3226
THOMSON DIALYSIS FACILITY 300 ANSLEY DR THOMSON, GA 30824 PROVIDER NO: 112540	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 081186 OWNERSHIP: PROFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 20 PHONE:(404)595-9280
TIFTON GENERAL HOSP-DIALYSIS 1617 JOHN DEER DRIVE TIFTON, GA 31794 PROVIDER NO: 110095	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090185 OWNERSHIP: NONPROFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 009 RENAL NETWORK: 20 PHONE:(*)-
TOCCOA DIALYSIS FACILITY INC 800 E DOYLE ST -BOX 1426 TOCCOA, GA 30577 PROVIDER NO: 112541	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO	DATE APPROVED: 081886 OWNERSHIP: PROFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 007 RENAL NETWORK: 20 PHONE:(404)886-7478
COMMUNITY DIALYSIS SVCS OF SW GA 2704 N OAK ST BLDG H VALDOSTA, GA 31601 PROVIDER NO: 112515	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: PERI CAPD	DATE APPROVED: 092977 OWNERSHIP: PROFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 023 RENAL NETWORK: 20 PHONE:(912)247-4857
VIDALIA DIALYSIS FACILITY 1806 EDWINA DR VIDALIA, GA 30484 PROVIDER NO: 112549	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 101486 OWNERSHIP: PROFIT INTERMEDIARY: 00100 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 005 RENAL NETWORK: 20 PHONE:(912)537-9795
WARNER ROBINS DIALYSIS FACILITY 128 HOSPITAL DR WARNER ROBINS, GA 31098 PROVIDER NO: 112591	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 071883 OWNERSHIP: PROFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 009 RENAL NETWORK: 20 PHONE:(912)929-0045
WASHINGTON DIALYSIS FACILITY 121 C DORDON ST WASHINGTON, GA 30673 PROVIDER NO: 112527	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 102683 OWNERSHIP: PROFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 011 RENAL NETWORK: 20 PHONE:(404)678-3207

STATE=GEORGIA CONTINUED

DIALYSIS FACILITIES INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090579	HCFA REGION: 04
415 ALBANY AV	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 015
WAYCROSS, GA 31501	SELF-CARE: HEMO	INTERMEDIARY: 00101	RENAL NETWORK: 20
PROVIDER NO: 112518	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(912)295-2487
BURKE COUNTY DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 102485	HCFA REGION: 04
404 4TH STREET EXT.	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 011
WAYNESBORO, GA 30830	SELF-CARE:	INTERMEDIARY: 00101	RENAL NETWORK: 20
PROVIDER NO: 112530	TRAINING:	CROSS-REFER NO:	PHONE:(404)554-6648

STATE=GUAM

GUAM MEM HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 081277	HCFA REGION: 09
P O BOX AX	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
AGANA, GU 96910	SELF-CARE:	INTERMEDIARY: 17120	RENAL NETWORK: 01
PROVIDER NO: 650001	TRAINING: HEMO	CROSS-REFER NO:652300	PHONE:(671)646-5801

STATE=HAWAII

HILO HEMODIALYSIS SATELLITE 14D RAINBOW DR HILO, HI 9672D PROVIDER NO: 123SDO	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTEO: HEMO PERI SELF-CARE: TRAININO:	DATE APPROVEO: D81477 OWNERSHIP: NONPROFIT INTERMEDIARY: 1712D CROSS-REFER NO:	HCFA REOION: 09 TOTAL STATIONS: D1O RENAL NETWORK: 01 PHONE:(8O8)93S-3422
KUAKINI MEDICAL CENTER (ESRD) 347 N KUAKINI STREET HONOLULU, HI 96817 PROVIDER NO: 12DDD7	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTEO: HEMO SELF-CARE: HEMO TRAININD: HEMO CAPO	DATE APPROVEO: O9O177 OWNERSHIP: NONPROFIT INTERMEDIARY: 1712D CROSS-REFER NO:122300	HCFA REDION: 09 TOTAL STATIONS: 002 RENAL NETWORK: 01 PHONE:(808)S36-2236
ST FRANCIS HOSPITAL 2230 LILIHA ST. HONOLULU, HI 96817 PROVIDER NO: 120010	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAININD: HEMO CAPO CCPD	DATE APPROVED: O82677 OWNERSHIP: NONPROFIT INTERMEDIARY: 17120 CROSS-REFER NO:122301	HCFA REOION: 09 TOTAL STATIONS: D3O RENAL NETWORK: 01 PHONE:(808)547-6622
KUAKINI KIDNEY DISEASE CTR 347 N KUAKINI ST HONOLULU, HI 96817 PROVIDER NO: 122SO1	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD CCPO	DATE APPROVED: O8O183 OWNERSHIP: PROFIT INTERMEDIARY: 17120 CROSS-REFER NO:	HCFA REOION: 09 TOTAL STATIONS: O26 RENAL NETWORK: 01 PHONE:(808)S21-S6OS
CASTLE DIALYSIS FACILITY 64D ULUKAHIK ST KAILUA, HI 96734 PROVIDER NO: 122SO2	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAININD:	DATE APPROVEO: O7D7O7 OWNERSHIP: PROFIT INTERMEDIARY: 17120 CROSS-REFER NO:	HCFA REOION: 09 TOTAL STATIONS: O1O RENAL NETWORK: 01 PHONE:(808)S21-8061
KONA SATTELITE FACILITY P.O! 8OX 749 KEALAKEKUA, HI 967SO PROVIDER NO: 123SDS	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 112086 OWNERSHIP: NONPROFIT INTERMEDIARY: 17120 CROSS-REFER NO:	HCFA REOION: 09 TOTAL STATIONS: OOS RENAL NETWORK: 01 PHONE:(8D8)322-2131
KAUAI HEMODIALYSIS SATELLITE 4430 KUENE ST #22 LIHUE, HI 96766 PROVIOER NO: 123SD2	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININO:	DATE APPROVEO: D81377 OWNERSHIP: NONPROFIT INTERMEDIARY: 17120 CROSS-REFER NO:	HCFA REOION: 09 TOTAL STATIONS: OOS RENAL NETWORK: 01 PHONE:(8D0)24S-377D
MAUI HEMODIALYSIS SATELLITE 2SS MAHALANI ST MAUI, HI 96793 PROVIDER NO: 123SD1	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININD:	DATE APPROVED: D81S77 OWNERSHIP: NONPROFIT INTERMEDIARY: 17120 CROSS-REFER NO:	HCFA REDION: 09 TOTAL STATIONS: DOS RENAL NETWORK: 01 PHONE:(8D0)244-9600
WAHIAWA DIALYSIS FACILITY 128 LEHUA STREET WAHIAWA, HI 96786 PROVIDER NO: 122SDD	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: HEMO PERI TRAINING: HEMO CAPD	DATE APPROVED: O8O183 OWNERSHIP: PROFIT INTERMEDIARY: 17120 CROSS-REFER NO:	HCFA REOION: 09 TOTAL STATIONS: OD6 RENAL NETWORK: D1 PHONE:(808)621-S1S1
LEEWARD SATELLITE FACILITY 94-223 LEOKU ST WAIPAH, HI 96797 PROVIDER NO: 123SO3	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININD:	DATE APPROVED: D83177 OWNERSHIP: NONPROFIT INTERMEDIARY: 1712D CROSS-REFER NO:	HCFA REOION: 09 TOTAL STATIONS: O1D RENAL NETWORK: 01 PHONE:(8D0)671-3042

STATE=IDAHO

ST ALPHONSUS REGIONAL MED CTR-ESRD 1055 NORTH CURTIS ROAD BOISE, ID 83706 PROVIDER NO: 130007	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00110 CROSS-REFER NO:132301	HCFA REGION: 10 TOTAL STATIONS: 018 RENAL NETWORK: 02 PHONE:(208)378-2095
NORTH IDAHO DIALYSIS FACILITY 2003 LINCOLN WAY COEUR DALENE, ID 83814 PROVIDER NO: 133500	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 102385 OWNERSHIP: NONPROFIT INTERMEDIARY: 00110 CROSS-REFER NO:	HCFA REGION: 10 TOTAL STATIONS: 006 RENAL NETWORK: 02 PHONE:(208)664-2737
EASTERN IDAHO REGIONAL MED CTR. 3100 CHANNING WAY IDAHO FALLS, ID 83403 PROVIDER NO: 130018	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00110 CROSS-REFER NO:132300	HCFA REGION: 10 TOTAL STATIONS: 009 RENAL NETWORK: 02 PHONE:(208)529-7155
OEM STATE REGIONAL DIALYSIS CTR 2231 TETON PLAZA IDAHO FALLS, ID 83401 PROVIDER NO: 132500	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 073185 OWNERSHIP: NONPROFIT INTERMEDIARY: 00110 CROSS-REFER NO:	HCFA REGION: 10 TOTAL STATIONS: 006 RENAL NETWORK: 02 PHONE:(208)522-4831
ST BENEDICT'S FAMILY MED CTR-ESRD 709 N LINCOLN JEROME, ID 83338 PROVIDER NO: 130029	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 020784 OWNERSHIP: NONPROFIT INTERMEDIARY: 00110 CROSS-REFER NO:132302	HCFA REGION: 10 TOTAL STATIONS: 003 RENAL NETWORK: 02 PHONE:(208)324-4301
POCATELLO REGIONAL MEDICAL CTR 757 HOSPITAL WAY POCATELLO, ID 83201 PROVIDER NO: 130005	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 101184 OWNERSHIP: NONPROFIT INTERMEDIARY: 00110 CROSS-REFER NO:132303	HCFA REGION: 10 TOTAL STATIONS: 006 RENAL NETWORK: 02 PHONE:(208)234-0777

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AURDRA KIDNEY CENTER 516 5DUTH LINCDLN AVENUE AURDRA, IL 6D505 PRDVIDER ND: 142515	FACILITY TYPE: DIALY5IS FACILITY 5TAFF-A5SISTED: HEMO PERI 5ELF-CARE: TRAININO: CAPD	DATE APPRDVED: D9D177 DWNERSHIP: PRDFIT INTERMEDIARY: 0D12I CRD55-REFER NO:	HCFA REDIDN: 05 TDTAL 5TATIDNS: D13 RENAL NETWDRK: 16 PHDNE:(312)892-7445
5T ELIZABETH HD5PITAL 211 5DUTH 3RD 5TREET BELLEVILLE, IL 6222I PRDVIDER ND: 140187	FACILITY TYPE: INPATIENT DNLY 5TAFF-ASSISTED: 5ELF-CARE: TRAININO:	DATE APPRDVED: D92082 DWNERSHIP: NDNPRDFIT INTERMEDIARY: 0D121 CRD55-REFER NO:14232D	HCFA REDIDN: 05 TDTAL 5TATIDN5: D00 RENAL NETWDRK: D9 PHDNE:(618)234-212D
RENAL CARE DF ILLINDI5 51D5 W MAIN 5T BELLEVILLE, IL 62223 PRDVIDER ND: 142527	FACILITY TYPE: DIALYSI5 FACILITY 5TAFF-A5SI5TED: HEMD 5ELF-CARE: HEMD TRAINING: HEMD CAPD	DATE APPRDVED: D90882 DWNERSHIP: PRDFIT INTERMEDIARY: 0D241 CRD55-REFER NO:	HCFA REDIDN: 06 TDTAL 5TATIDN5: D24 RENAL NETWDRK: D9 PHDNE:(618)233-9018
MACNEAL RENAL LIFELINE SVCS 3231 5 EUCLID AVE BERWYN, IL 60402 PRDVIDER NO: I42533	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININO: CAPD	DATE APPRDVED: 061186 OWNERSHIP: PROFIT INTERMEDIARY: 0DI21 CROSS-REFER NO:	HCFA REOION: D5 TOTAL STATIONS: 0D6 RENAL NETWORK: 15 PHONE:(312)795-3860
5T FRANCIS SATELLITE 203 LOCUST ST BLOOMINGTDN, IL 617D1 PROVIDER NO: 143S10	FACILITY TYPE: DIALYSI5 FACILITY-HOSP 5TAFF-ASSISTED: HEMO SELF-CARE: TRAININO:	OATE APPROVED: 06D181 OWNERSHIP: NONPROFIT INTERMEDIARY: DD121 CRDS5-REFER NO:	HCFA REOION: D5 TOTAL STATIONS: 0D8 RENAL NETWDRK: 1S PHONE:(3D9)B27-5359
BIO MEOICAL APPLICATIONS P.O. 80K 26I7 CARBONDALE, IL 629D2 PROVIOER NO: I42514	FACILITY TYPE: OIALY5IS FACILITY STAFF-ASSISTED: HEMO 5ELF-CARE: TRAININO: PERI CAPD CCPD	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: DOI21 CROSS-REFER ND:	HCFA REOION: DS TOTAL 5TATIDNS: 012 RENAL NETWORK: 15 PHONE:(618)529-2112
MT SINAI HO5P MEDICAL CENTER CALIFORNIA & 15TH AVE CHICAGO, IL 606D8 PROVIDER NO: 140018	FACILITY TYPE: DIALYSIS CENTER 5TAFF-A5SISTED: HEMO PERI SELF-CARE: TRAININO: PERI	DATE APPROVED: 09DI77 OWNERSHIP: NONPROFIT INTERMEDIARY: DD121 CROSS-REFER NO:142302	HCFA REOIDN: DS TOTAL STATIONS: DD9 RENAL NETWORK: 15 PHONE:(312)65D-6984
MICHAEL REE5E HOSP MEDICAL CENTER LAKESHORE DR AT 31ST ST CHICAGO, IL 60616 PROVIDER ND: 14007S	FACILITY TYPE: DIALY5I5 CENTER 5TAFF-A5SI5TED: HEMD PERI SELF-CARE: HEMO PERI TRAININO: HEMO PERI CAPD CCPD	DATE APPROVED: D9D177 OWNERSHIP: NONPRDFIT INTERMEDIARY: DD121 CROSS-REFER NO:1423D7	HCFA REOIDN: 0S TOTAL STATIONS: D23 RENAL NETWORK: 1S PHONE:(3I2)791-2242
EDOEWATER HOSPITAL 57DD N ASHLAND AVENUE CHICAGO, IL 60660 PROVIDER NO: 140087	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAININO:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: DD12I CROSS-REFER NO:1423D9	HCFA REOION: DS TOTAL STATIONS: 0D8 RENAL NETWORK: 15 PHONE:(3I2)B70-60DD
UNIVERSITY OF CHICAOO MEOICAL CENTER I164 E 55TH ST CHICAOO, IL 60615 PRDVIDER NO: I4DD8B	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININO: HEMO CAPO	DATE APPROVED: D90177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00121 CRO5S-REFER NO:14231D	HCFA REOION: 05 TOTAL STATIONS: 016 RENAL NETWORK: 15 PHONE:(3I2)962-3399
RUSH-PRESBYTERIAN-ST LUKES MED CTR 1753 WEST CONGRESS PARKWAY CHICAOO, IL 60612 PROVIDER NO: 140119	FACILITY TYPE: TRAN5PLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININO: HEMO CAPD CCPD	DATE APPROVED: 09D177 OWNER5HIP: NONPRDFIT INTERMEDIARY: DD121 CROSS-REFER NO:142312	HCFA REOION: D5 TOTAL STATIONS: 01D RENAL NETWORK: 1S PHONE:(3I2)942-6685

STATE=ILLINOIS CONTINUED

COOK COUNTY HOSPITAL 1825 W HARRISON ST CHICAGO, IL 60612 PROVIDER NO: 140124	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00121 CROSS-REFER NO:142313	HCFA REGION: 05 TOTAL STATIONS: 012 RENAL NETWORK: 15 PHONE:(312)633-6000
UNIVERSITY OF ILLINOIS HOSPITAL 840 S WOOD ST CHICAGO, IL 60612 PROVIDER NO: 140150	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00121 CROSS-REFER NO:142316	HCFA REGION: 05 TOTAL STATIONS: 015 RENAL NETWORK: 15 PHONE:(312)996-8428
CHICAGO OSTEOPATHIC MEDICAL CTR 5200 S ELLIS AVENUE CHICAGO, IL 60615 PROVIDER NO: 140172	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 092282 OWNERSHIP: NONPROFIT INTERMEDIARY: 00121 CROSS-REFER NO:142319	HCFA REGION: 05 TOTAL STATIONS: 000 RENAL NETWORK: 15 PHONE:(312)947-3000
ST JOSEPHS HOSP 2900 NORTH LAKE SHORE DRIVE CHICAGO, IL 60657 PROVIDER NO: 140224	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 110483 OWNERSHIP: NONPROFIT INTERMEDIARY: 00121 CROSS-REFER NO:142326	HCFA REGION: 05 TOTAL STATIONS: 000 RENAL NETWORK: 15 PHONE:(312)975-3027
NORTHWESTERN MEMORIAL HOSPITAL 250 E SUPERIOR, RM 446 CHICAGO, IL 60611 PROVIDER NO: 140281	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00121 CROSS-REFER NO:142330	HCFA REGION: 05 TOTAL STATIONS: 025 RENAL NETWORK: 15 PHONE:(312)908-7320
NEOMEDICA DIALYSIS CTR INC.-NORTH 4800 N KILPATRICK AVE CHICAGO, IL 60630 PROVIDER NO: 142501	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 00121 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 022 RENAL NETWORK: 15 PHONE:(312)545-3693
NEOMEDICA DIALYSIS CTR INC-LOOP 56 E SUPERIOR ST CHICAGO, IL 60611 PROVIDER NO: 142502	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 00121 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 043 RENAL NETWORK: 15 PHONE:(312)266-9000
NORTH CENTRAL DIALYSIS CENTERS SC 55 EAST WASHINGTON 11TH FLOOR CHICAGO, IL 60602 PROVIDER NO: 142505	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 00121 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 028 RENAL NETWORK: 15 PHONE:(312)332-6892
CHICAGO KIDNEY CTR 640 W. WASHINGTON CHICAGO, IL 60606 PROVIDER NO: 142506	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 00121 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 035 RENAL NETWORK: 15 PHONE:(312)930-9365
SOUTH SIDE DIALYSIS UNIT 7721 S WESTERN CHICAGO, IL 60623 PROVIDER NO: 142508	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 00121 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 039 RENAL NETWORK: 15 PHONE:(312)471-0400
JACKSON PARK DIALYSIS UNIT 7531 SOUTH STONEY ISLAND CHICAGO, IL 60649 PROVIDER NO: 142516	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 00121 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 026 RENAL NETWORK: 15 PHONE:(312)947-7510

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NEDMEDICA DIALYSIS CTR INC-SDUTH 9212 S. CHICAGD AVE. CHICAGD, IL 6D617 PRDVIDER ND: 142519	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMD PERI SELF-CARE: HEMD PERI TRAININD: HEMD PERI CAPD	DATE APPRDVED: 1D1578 DWNERSHIP: PRDFIT INTERMEDIARY: DD121 CRDSS-REFER ND:	HCFA REDIDN: D5 TDTAL STATIDNS: D36 RENAL NETWDRK: 15 PHDNE:(312)734-7433
NDRTH CENTRAL DIALYSIS-NDRTH 2277 W HDWARD CHICAGD, IL 6D645 PRDVIDER ND: 142522	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMD SELF-CARE: HEMD TRAININD: HEMD	DATE APPRDVED: 122179 DWNERSHIP: PRDFIT INTERMEDIARY: DD121 CRDSS-REFER ND:	HCFA REDIDN: D5 TDTAL STATIDNS: D16 RENAL NETWDRK: 15 PHDNE:(312)262-7147
8ELMDNT DIALYSIS CENTER 4848 WEST 8ELMDNT CHICAGD, IL 6D641 PRDVIDER ND: 142523	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMD PERI SELF-CARE: TRAININD:	DATE APPRDVED: 12D379 DWNERSHIP: PRDFIT INTERMEDIARY: DD121 CRDSS-REFER ND:	HCFA REDIDN: D5 TDTAL STATIDNS: D1D RENAL NETWDRK: 15 PHDNE:(312)685-75DD
NEDMEDICA DIALYSIS CTR INC-SW 35DD S EMERALD AVE CHICAGD, IL 6D6D9 PRDVIDER ND: 142524	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMD PERI SELF-CARE: HEMD PERI TRAINING: HEMD	DATE APPRDVED: D9D18D DWNERSHIP: PRDFIT INTERMEDIARY: DD121 CRDSS-REFER ND:	HCFA REDIDN: D5 TDTAL STATIDNS: D2D RENAL NETWDRK: 15 PHDNE:(312)847-1236
LINCDLN PARK DIALYSIS LTD 2D51 SEDGWICK CHICAGD, IL 6D614 PRDVIDER ND: 142528	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMD PERI SELF-CARE: TRAININD: HEMD PERI CAPD CCPD	DATE APPRDVED: 11D182 DWNERSHIP: PRDFIT INTERMEDIARY: DD121 CRDSS-REFER ND:	HCFA REDIDN: D5 TDTAL STATIDNS: D11 RENAL NETWDRK: 15 PHDNE:(312)348-D1D1
HYDE PARK KIDNEY CTR 1437-39 EAST 53RD ST CHICAGD, IL 6D615 PRDVIDER ND: 142529	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMD PERI SELF-CARE: TRAININD: HEMD PERI CAPD CCPD	DATE APPRDVED: D92282 DWNERSHIP: PRDFIT INTERMEDIARY: DD121 CRDSS-REFER ND:	HCFA REDIDN: D5 TDTAL STATIDNS: D14 RENAL NETWDRK: 15 PHDNE:(312)947-D77D
NEDMEDICA DIALYSIS CTR INC-NE 28DD N. SHERIDAN RD CHICAGD, IL 6D657 PRDVIDER ND: 142531	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMD SELF-CARE: HEMD TRAININD: HEMD CAPD	DATE APPRDVED: 11D483 DWNERSHIP: PRDFIT INTERMEDIARY: DD121 CRDSS-REFER ND:	HCFA REDIDN: D5 TDTAL STATIDNS: D13 RENAL NETWDRK: 15 PHDNE:(312)88D-6535
CHILDREN'S MEMDRIAL HDSPITAL 23DD CHILDREN'S PLAZA CHICAGD, IL 6D614 PRDVIDER ND: 1433DD	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMD PERI SELF-CARE: TRAININD: PERI CAPD CCPD	DATE APPRDVED: D9D183 DWNERSHIP: NDNPRDFIT INTERMEDIARY: DD121 CRDSS-REFER ND:142331	HCFA REDIDN: D5 TDTAL STATIDNS: DD4 RENAL NETWDRK: 15 PHDNE:(312)88D-4158
LDGAN SQUARE DIALYSIS SVCS INC 2639 N MILWAUKEE CHICAGD, IL 6D647 PRDVIDER ND: 142534	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMD PERI SELF-CARE: TRAININD:	DATE APPRDVED: 1D3D86 DWNERSHIP: PRDFIT INTERMEDIARY: DD121 CRDSS-REFER ND:	HCFA REDIDN: D5 TDTAL STATIDNS: DD7 RENAL NETWDRK: 15 PHDNE:(312)276-3699
HUM8DLDT PARK DIALYSIS UNIT 35D1-3 W. NDRTH AVE CHICAGD, IL 6D647 PRDVIDER ND: 142536	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMD SELF-CARE: HEMD TRAININD: HEMD	DATE APPRDVED: D12787 DWNERSHIP: PRDFIT INTERMEDIARY: DD121 CRDSS-REFER ND:	HCFA REDIDN: D5 TDTAL STATIDNS: DD6 RENAL NETWDRK: 15 PHDNE:(312)772-94DD
CRYSTAL LAKE AM8UTAL 49DD SDUTH RDUTE 31 CRYSTAL LAKE, IL 6DD14 PRDVIDER ND: 1435D9	FACILITY TYPE: DIALYSIS FACILITY-HDSP STAFF-ASSISTED: HEMD SELF-CARE: TRAININD:	DATE APPRDVED: D12681 DWNERSHIP: NDNPRDFIT INTERMEDIARY: DD121 CRDSS-REFER ND:	HCFA REGIDN: D5 TDTAL STATIDNS: DD4 RENAL NETWDRK: 15 PHDNE:(815)455-365D

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LAKEV1EW MEO1CAL CENTER 812 NORTH LOGAN AVE DANVILLE, IL 61832 PROVIOER NO: 140219	FAC1L1TY TYPE: O1ALYS1S CENTER 6TAFF-ASS1STEO: HEMO PER1 SELF-CARE: TRA1N1NO: PERI CAPO CCPO	OATE APPROVEO: 090177 OWNERSH1P: NONPROFIT INTERMEOIARY: 00121 CROSS-REFER NO:142325	HCFA REGION: 05 TOTAL STATIONS: 011 RENAL NETWORK: 15 PHONE:(217)443-5000
OECATUR RENAL O1ALYSIS 2300 NORTH EDWARO OECATUR, IL 62526 PROVIOER NO: 143506	FAC1LITY TYPE: O1ALYS1S FAC1LITY-HOSP STAFF-ASS1STEO: HEMO SELF-CARE: TRA1N1NO: HEMO	OATE APPROVEO: 090177 OWNERSH1P: NONPROFIT 1NTERMEOIARY: 00121 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 013 RENAL NETWORK: 15 PHONE:(217)877-9351
KATHERINE SHAW BETHEA HOSP1TAL 303 E FIRST 6T OIKON, IL 61021 PROV1OER NO: 143600	FACILITY TYPE: O1ALYSIS FAC1L1TY-HOSP STAFF-ASSISTEO: HEMO SELF-CARE: TRAIN1NO:	OATE APPROVEO: 100278 OWNERSHIP: NONPROFIT 1NTERMEOIARY: S1140 CROSS-REFER NO:	HCFA REOION: 05 TOTAL STATIONS: 004 RENAL NETWORK: 15 PHONE:(815)288-7179
SOUTHWESTERN 1L OIALYS1S CTRS 1LL RT 3 & 143 EA6TOATE PLA EAST ALTON, IL 62024 PROV1OER NO: 142635	FAC1LITY TYPE: OIALYS1S FAC1LITY STAFF-ASS1STEO: HEMO PERI SELF-CARE: HEMO PERI TRA1N1NO: HEMO PER1	OATE APPROVEO: 123186 OWNERSHIP: PROFIT INTERMEOIARY: 00121 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 012 RENAL NETWORK: 09 PHONE:(618)254-1117
EFF1NOHAM L1M1TEO CARE FACILITY 206 N 4TH ST EFF1NOHAM, IL 62401 PROVIOER NO: 143501	FACIL1TY TYPE: O1ALYS1S FAC1L1TY-HOSP STAFF-ASSISTEO: HEMO SELF-CARE: TRAIN1NO:	OATE APPROVEO: 090177 OWNERSHIP: NONPROFIT 1NTERMEO1ARY: 00121 CROSS-REFER NO:	HCFA REOION: 05 TOTAL STATIONS: 010 RENAL NETWORK: 15 PHONE:(217)342-9418
SHERMAN HOSP1TAL OIALYS1S CENTER 934 N. CENTER STREET ELO1N, IL 60120 PROVIOER NO: 140030	FACIL1TY TYPE: OIALYSIS CENTER STAFF-ASS1STEO: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPO	OATE APPROVEO: 090177 OWNERSHIP: NONPROFIT 1NTERMEO1ARY: 00121 CROSS-REFER NO:142303	HCFA REGION: 05 TOTAL STATIONS: 006 RENAL NETWORK: 1S PHONE:(312)742-9800
ALEXIAN 8ROTHERS KIONEY CTR 800 81ESTERFIELO RO ELK OROVE V1LLAOE, IL 60007 PROV1OER NO: 142607	FAC1L1TY TYPE: O1ALYSIS FACIL1TY STAFF-ASSISTEO: HEMO PERI SELF-CARE: HEMO PERI TRA1N1NO: HEMO PERI CAPO	OATE APPROVEO: 090177 OWNERSH1P: PROFIT INTERME01ARY: 00121 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 013 RENAL NETWORK: 1S PHONE:(312)437-0824
ELMHURST MEMORIAL HOSPITAL 200 8ERTEAU AVE ELMHURST, IL 60126 PROVIOER NO: 140200	FACILITY TYPE: OIALYSIS CENTER STAFF-ASS1STEO: HEMO PERI SELF-CARE: TRAIN1NO: HEMO PER1 CAPO CCPO	OATE APPROVEO: 090177 OWNERSHIP: NONPROFIT 1NTERMEOIARY: 00121 CROSS-REFER NO:142322	HCFA REGION: 05 TOTAL STATIONS: 019 RENAL NETWORK: 1S PHONE:(312)833-1400
EVANSTON HOSPITAL 2650 R1OGE AVE EVANSTON, IL 60201 PROVIOER NO: 140010	FAC1LITY TYPE: INPATIENT ONLY STAFF-ASSISTEO: SELF-CARE: TRA1N1NO:	OATE APPROVEO: 090177 OWNERSH1P: NONPROFIT INTERMEOIARY: 00121 CROSS-REFER NO:142300	HCFA REOION: 05 TOTAL STATIONS: 000 RENAL NETWORK: 1S PHONE:(312)492-2000
8IO-MEOICAL APPL1CATIONS OF EVANSTON 1600 ORRINOTON EVANSTON, IL 60201 PROV1OER NO: 142511	FACIL1TY TYPE: OIALYS1S FACILITY STAFF-ASSISTEO: HEMO PER1 SELF-CARE: HEMO PERI TRA1N1NO: HEMO PERI CAPO CCPO	OATE APPROVEO: 090177 OWNERSHIP: PROFIT INTERME01ARY: 00121 CROSS-REFER NO:	HCFA REOION: 05 TOTAL STATIONS: 016 RENAL NETWORK: 1S PHONE:(312)491-1214
OALES8URO COTTAOE HOSP1TAL 695 N KELLOOO ST OALESBURO, IL 61401 PROV1OER NO: 140040	FACILITY TYPE: O1ALYS1S CENTER STAFF-ASSISTEO: HEMO SELF-CARE: TRAININO:	OATE APPROVEO: 090177 OWNERSHIP: NONPROFIT INTERMEOIARY: 00121 CROSS-REFER NO:142304	HCFA REOION: 05 TOTAL STATIONS: 007 RENAL NETWORK: 1S PHONE:(309)343-8131

STATE=ILLINOIS CONTINUED

SOUTHWEST IL REG DIALYSIS CTR 2100 MADISON AVE GRANITE CITY, IL 62140 PROVIDER NO: 142537	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAININD: HEMO PERI	DATE APPROVED: D21887 OWNERSHIP: PROFIT INTERMEDIARY: 0D121 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 012 RENAL NETWORK: 15 PHONE:(618)4S1-1313
INGALLS MEMORIAL HOSPITAL ONE IN[illegible]ALLS DRIVE HARVE[illegible] IL 60426 PROVI[illegible]ER NO: 140191	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAININO: HEMO	DATE APPROVED: D90177 OWNERSHIP: NONPROFIT INTERMEDIARY: DD121 CROSS-REFER NO:142321	HCFA REGION: D5 TOTAL STATIONS: D17 RENAL NETWORK: 15 PHONE:(312)333-23DD
HIGHLAND PARK HOSPITAL 71[illegible] GLENVIEW AVENUE [illegible]IGHLAND PARK, IL 6DD3S PROVIDER NO: 140108	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININD: HEMO PERI CAPD CCPD	DATE APPROVED: 11DS8D OWNERSHIP: NONPROFIT INTERMEDIARY: DD121 CROSS-REFER NO:142333	HCFA REGION: D5 TOTAL STATIONS: DD6 RENAL NETWORK: 15 PHONE:(312)432-8DDD
DUPAGE DIALYSIS LTD 44D E OGDE[illegible] AVE HINSDALE, [illegible] 6D521 PROVIDER [illegible]: 142S20	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAININO: HEMO PERI CAPD	DATE APPROVED: DS1879 OWNERSHIP: NONPROFIT INTERMEDIARY: DD121 CROSS-REFER NO:	HCFA REGION: D5 TOTAL STATIONS: D13 RENAL NETWORK: 1S PHONE:(312)325-136D
JACKSONVILLE LIMITED CARE FACILITY 1515 W WALNUT ST JACKSONVILLE, IL 626S0 PROVIDER NO: 14350S	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: D0121 CROSS-REFER NO:	HCFA REGION: D5 TOTAL STATIONS: D08 RENAL NETWORK: 1S PHONE:(217)243-3D42
SILVER CROSS HOSP 12DD MAPLE RD JOLIET, IL 60432 PROVIDER NO: 14D213	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAININD: HEMO PERI CAPD CCPD	DATE APPROVED: D9D177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00121 CROSS-REFER NO:142324	HCFA REGION: DS TOTAL STATIONS: D14 RENAL NETWORK: 15 PHONE:(81S)740-11DD
ST MARYS HOSP 17S SOUTH WALL ST KANKAKEE, IL 6D9D1 PROVIDER NO: 14D15S	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININD: HEMO PERI CAPD	DATE APPROVED: 09D177 OWNERSHIP: NONPROFIT INTERMEDIARY: D0121 CROSS-REFER NO:142318	HCFA REGION: D5 TOTAL STATIONS: 014 RENAL NETWORK: 1S PHONE:(815)937-249D
YORKTOWN DIALYSIS CENTER 2821 FAIRFIELD AVE LOMBARD, IL 6D148 PROVIDER NO: 1425D3	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAININO: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: DD121 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: D1D RENAL NETWORK: 15 PHONE:(312)495-28D9
LOYOLA UNIV MEDICAL CENTER 216D S 1ST ST,BLDG 54, RM 449 MAYWOOD, IL 60153 PROVIDER NO: 14D276	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININO: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: DD121 CROSS-REFER NO:142329	HCFA REGION: 0S TOTAL STATIONS: D16 RENAL NETWORK: 15 PHONE:(312)S31-33D6
MOLINE PUBLIC HOSPITAL 63S 10TH AVE MOLINE, IL 6126S PROVIDER NO: 140204	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAININO:	DATE APPROVED: 1D1981 OWNERSHIP: NONPROFIT INTERMEDIARY: 00121 CROSS-REFER NO:142332	HCFA REGION: DS TOTAL STATIONS: 0DD RENAL NETWORK: D8 PHONE:(309)757-3327
QUAD CITIES RENAL CENTER 611 - 3STH AVE MOLINE, IL 6126S PROVIDER NO: 142S26	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: D8D381 OWNERSHIP: PROFIT INTERMEDIARY: 0D121 CROSS-REFER NO:	HCFA REGION: DS TOTAL STATIONS: D14 RENAL NETWORK: 08 PHONE:(309)762-6822

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MOUNT VERNDN KIDNEY CENTER 2401 VETERANS MEMORIAL DR MOUNT VERNDN, IL 62864 PROVIDER NO: 142632	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAININO: HEMO CAPD	DATE APPRDVED: 111683 DWNERSHIP: PRDFIT INTERMEDIARY: DD121 CRDSS-REFER NO:	HCFA REOION: 0S TOTAL STATION5: DD5 RENAL NETWORK: 1S PHDNE:(618)244-6248
NILES DAY SPRINOMAN DIALYSI6 CENTER 7332 MILWAUKEE AVE. NILES, IL 60648 PRDVIDER NO: 142500	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO:	DATE APPRDVED: D9D177 DWNERSHIP: PRDFIT INTERMEDIARY: 00121 CROSS-REFER NO:	HCFA REGION: 0S TOTAL STATIONS: 016 RENAL NETWORK: 15 PHONE:(312)647-850S
NEDMEDICA DIALYSIS CTR INC-NW 4701 N CUMBERLAND NORRIDOE, IL 60656 PROVIDER NO: 142621	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININO: HEMO CAPD	DATE APPROVED: 101779 OWNERSHIP: PROFIT INTERMEDIARY: 00121 CROSS-REFER NO:	HCFA REOION: 0S TOTAL STATIONS: 006 RENAL NETWORK: 15 PHONE:(312)456-01S2
CHRIST HOSPITAL 4440 W 95TH STREET OAK LAWN, IL 60453 PROVIDER NO: 140208	FACILITY TYPE: INPATIENT DNLY STAFF-AS5ISTED: SELF-CARE: TRAININD:	DATE APPROVED: 090I77 OWNERSHIP: NONPROFIT INTERMEDIARY: 00121 CROSS-REFER NO:142323	HCFA REOION: 05 TOTAL STATION5: 000 RENAL NETWORK: 1S PHONE:(312)42S-8000
NORTH CENTRAL DIALYSIS CTRS SOUTHSIDE 911S S CICERO AVE OAK LAWN, IL 60453 PROVIDER ND: 142518	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAININO: HEMO	OATE APPROVEO: 060178 OWNERSHIP: PROFIT INTERMEDIARY: 00121 CROSS-REFER NO:	HCFA REOION: 0S TOTAL 5TATIONS: 024 RENAL NETWORK: 1S PHONE:(312)424-2126
WEST SUBURBAN HOSPITAL MEDICAL CENTER ERIE AT AUSTIN BOULEVARD DAK PARK, IL 6D302 PROVIDER NO: 140049	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAININD:	DATE APPROVED: 02D183 OWNERSHIP: NONPRCFIT INTERMEDIARY: 00121 CROSS-REFER NO:142305	HCFA REGION: 0S TOTAL STATION5: 000 RENAL NETWORK: 1S PHONE:(312)383-6200
OAK PARK COMMUNITY DIALYSIS CTR. 733 W MADISON ST OAK PARK, IL 60302 PRDVIDER ND: 1425D4	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAININD: HEMO PERI CAPO CCPD	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEOIARY: 00121 CROSS-REFER NO:	HCFA REOION: 0S TOTAL STATIONS: 022 RENAL NETWORK: 15 PHONE:(312)386-87S7
WEST SUBURBAN HDSP DIALYSIS UNIT ERIE AT AUSTIN OAK PARK, IL 6D302 PRDVIDER ND: 142S30	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININO: HEMO PERI	DATE APPROVED: 020183 OWNERSHIP: PROFIT INTERMEDIARY: 00121 CROSS-REFER NO:	HCFA REOION: 0S TOTAL 5TATIONS: 020 RENAL NETWORK: 1S PHONE:(312)383-6200
SOUTH SUBURBAN KIDNEY UNIT 2601 W LINCOLN HIOHWAY DLYMPIA FIELDS, IL 60461 PROVIDER ND: 142517	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAININO: HEMO PERI CAPD CCPD	OATE APPROVED: 040678 OWNERSHIP: PROFIT INTERMEDIARY: 00121 CROSS-REFER NO:	HCFA REOION: 0S TOTAL STATIONS: 022 RENAL NETWORK: 1S PHONE:(312)747-0050
ST FRANCIS MEDICAL CENTER 1124 N BERKELEY PEORIA, IL 61603 PROVIDER NO: 140D67	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAININD: HEMO PERI CAPD	DATE APPROVED: 072285 OWNERSHIP: NDNPROFIT INTERMEDIARY: 00121 CROSS-REFER NO:142306	HCFA REOION: 0S TOTAL 5TATION5: 027 RENAL NETWORK: 1S PHONE:(309)65S-2161
0LESSINO HDSP 1005 0ROADWAY QUINCY, IL 62301 PROVIDER NO: 140015	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININO:	DATE APPROVEO: D9D177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00121 CROSS-REFER NO:1423D1	HCFA REGION: 0S TOTAL STATIONS: 012 RENAL NETWORK: 15 PHONE:(217)223-S811

STATE=ILLINOIS CONTINUED

ROCKFORD MEM HOSP-ESRD 240D N ROCKTON AVE ROCKFORD, IL 611D1 PROVIDER NO: 140239	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININO: HEMO PERI CAPD	DATE APPROVED: D90177 OWNERSHIP: NONPROFIT INTERMEDIARY: 61140 CROSS-REFER NO:142328	HCFA REDION: 05 TOTAL STATIONS: 016 RENAL NETWORK: 16 PHONE:(815)968-6861
NEOMEDICA DIALYSIS CTR INC-NO CENTRAL 1545 HICKS RD ROLLING MEADOWS, IL 60D08 PROVIDER NO: 142525	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININO: HEMO PERI	DATE APPROVED: 010601 OWNERSHIP: PROFIT INTERMEDIARY: 00121 CROSS-REFER NO:	HCFA REOION: 05 TOTAL STATIONS: 018 RENAL NETWORK: 15 PHONE:(312)358-7900
ST FRANCIS SATELLITE-SPRINDVALLEY 60D EAST FIRST ST SPRIND VALLEY, IL 61362 PROVIDER NO: 143511	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTEO: HEMO SELF-CARE: TRAININD:	DATE APPROVED: D52781 OWNERSHIP: NONPROFIT INTERMEOIARY: 00121 CROSS-REFER NO:	HCFA REDION: 05 TOTAL STATIONS: D11 RENAL NETWORK: 15 PHONE:(816)664-4685
MEMORIAL MEDICAL CENTER 80D N RUTLEDGE ST SPRINGFIELD, IL 62781 PROVIDER NO: 14D148	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININO: CAPD CCPO	DATE APPROVEO: 090177 OWNERSHIP: NONPROFIT INTERMEOIARY: 00121 CROSS-REFER NO:142316	HCFA REDION: 05 TOTAL STATIONS: D04 RENAL NETWORK: 16 PHONE:(217)788-3860
SPRINGFIELO LIMITED CARE FACILITY 2 DRAWBRIOGE RD SPRINGFIELO, IL 62704 PROVIDER NO: 1435D4	FACILITY TYPE: OIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: HEMO PERI TRAINING: HEMO PERI	OATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00121 CROSS-REFER NO:	HCFA REOION: 05 TOTAL STATIONS: 013 RENAL NETWORK: 16 PHONE:(217)546-6141
MERCY HOSPITAL 14DO W PARK ST URBANA, IL 618D1 PROVIDER NO: 14D113	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAININD: HEMO CAPD	OATE APPROVEO: D90177 OWNERSHIP: NONPROFIT INTERMEOIARY: 00121 CROSS-REFER NO:142311	HCFA REOION: 05 TOTAL STATIONS: 01D RENAL NETWORK: 16 PHONE:(217)337-2289
VICTORY MEMORIAL HOSPITAL 1324 NORTH SHERIDAN ROAD WAUKEGAN, IL 60085 PROVIDER NO: 140D84	FACILITY TYPE: OIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAININO: CAPO	DATE APPROVEO: 090177 OWNERSHIP: NONPROFIT INTERMEOIARY: 00121 CROSS-REFER NO:142308	HCFA REDION: D5 TOTAL STATIONS: 014 RENAL NETWORK: 15 PHONE:(312)36D-4D84
CENTRAL DUPADE HOSP KIDNEY CTR 025 N. WINFIELD WINFIELD, IL 6D190 PROVIDER NO: 1425D9	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAININO: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 00121 CROSS-REFER NO:	HCFA REOION: D5 TOTAL STATIONS: D16 RENAL NETWORK: 15 PHONE:(312)666-9340

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DIALYSIS SERVICES OF INDIANA INC 321 MITCHELL AVE BATESVILLE, IN 47006 PROVIDER NO: 152507	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO	DATE APPROVED: 080487 OWNERSHIP: PROFIT INTERMEDIARY: 00130 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 009 RENAL NETWORK: 16 PHONE:(812)934-5666
DUNN MEMORIAL HOSP-RENAL DIALYSIS FAC 1520 23RD ST, STE. D. BEDFORD, IN 47421 PROVIDER NO: 153502	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 032186 OWNERSHIP: NONPROFIT INTERMEDIARY: 00130 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 002 RENAL NETWORK: 16 PHONE:(812)279-6755
BLOOMINGTON HOSPITAL-ESRD 709 W 1ST,LOWER LEVEL-P.O. BOX 1149 BLOOMINGTON, IN 47401 PROVIDER NO: 150051	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI	DATE APPROVED: 060986 OWNERSHIP: NONPROFIT INTERMEDIARY: 00130 CROSS-REFER NO:152313	HCFA REGION: 05 TOTAL STATIONS: 003 RENAL NETWORK: 16 PHONE:(812)336-6821
ST ANTHONY MEDICAL CENTER MAIN AND FRANCISCAN RD CROWN POINT, IN 46307 PROVIDER NO: 150126	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 112181 OWNERSHIP: NONPROFIT INTERMEDIARY: 00130 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 006 RENAL NETWORK: 16 PHONE:(219)663-8120
TRI-STATE RENAL DISEASE CENTER 3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 PROVIDER NO. 150100	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00130 CROSS-REFER NO:152307	HCFA REGION: 05 TOTAL STATIONS: 030 RENAL NETWORK: 16 PHONE:(812)479-1496
WELBORN DIALYSIS CENTER 421 CHESTNUTT EVANSVILLE, IN 47713 PROVIDER NO: 152503	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI	DATE APPROVED: 080486 OWNERSHIP: PROFIT INTERMEDIARY: 00130 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 004 RENAL NETWORK: 16 PHONE:(812)426-9551
THE LUTHERAN HOSP OF FORT WAYNE 3024 FAIRFIELD AVE FORT WAYNE, IN 46807 PROVIDER NO: 150017	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00130 CROSS-REFER NO:152302	HCFA REGION: 05 TOTAL STATIONS: 025 RENAL NETWORK: 16 PHONE:(219)458-2100
LAKE AVE DIALYSIS CENTER 3525 LAKE AVE, SUITE 9 FORT WAYNE, IN 46805 PROVIDER NO: 152508	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO	DATE APPROVED: 080787 OWNERSHIP: PROFIT INTERMEDIARY: 00130 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 006 RENAL NETWORK: 16 PHONE:(219)420-2666
ST MARGARET HOSP RENAL DIALYSIS FAC 600 GRANT ST-METHODIST HOSPITAL GARY, IN 46402 PROVIDER NO: 153501	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 091985 OWNERSHIP: NONPROFIT INTERMEDIARY: 00130 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 010 RENAL NETWORK: 16 PHONE:(219)886-4000
NORTHWEST INDIANA DIALYSIS INC 569 TYLER ST GARY LAKE, IN 46402 PROVIDER NO: 152501	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 110485 OWNERSHIP: PROFIT INTERMEDIARY: 00130 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 010 RENAL NETWORK: 16 PHONE:(219)885-3300
ST MARGARET HOSP 5454 HOHMAN AVE HAMMOND, IN 46320 PROVIDER NO: 150004	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00130 CROSS-REFER NO:152300	HCFA REGION: 05 TOTAL STATIONS: 031 RENAL NETWORK: 16 PHONE:(219)932-2300

STATE=INDIANA CONTINUED

INDIANA UNIVERSITY HOSPITALS 11DD WEST MICHIGAN ST INDIANAPOLIS, IN 462D2 PROVIDER NO: 1SDD32	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: HEMO CAPD	DATE APPROVED: D9D177 OWNERSHIP: NONPROFIT INTERMEDIARY: DD13D CROSS-REFER NO:1623D4	HCFA REDION: 05 TOTAL STATIONS: D27 RENAL NETWORK: 16 PHONE:(317)264-2S37
METHODIST HOSP OF INDIANA INC 16D4 N CAPITOL AV INDIANAPOLIS, IN 462D2 PROVIDER NO: 15OD56	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: SELF-CARE: TRAININD: CAPD	DATE APPROVED: D9D177 OWNERSHIP: NONPROFIT INTERMEDIARY: DD13D CROSS-REFER NO:1523D6	HCFA REDION: D6 TOTAL STATIONS: DOO RENAL NETWORK: 16 PHONE:(317)924-8861
ST VINCENT HOSPITAL 2DD1 W 86TH STREET INDIANAPOLIS, IN 4626D PROVIDER NO: 1SDD84	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: CAPD	DATE APPROVED: D3D278 OWNERSHIP: NONPHOFIT INTERMEDIARY: DD18O CROSS-REFER NO:1623D9	HCFA REDION: 05 TOTAL STATIONS: 018 RENAL NETWORK: 16 PHONE:(817)871-2346
DIALYSIS INSTITUTE OF INDIANA INC 214D N CAPITOL AVE INDIANAPOLIS, IN 462D2 PROVIDER NO: 1S25DD	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: HEMO PERI CAPD	DATE APPROVED: 1DD181 OWNERSHIP: PROFIT INTERMEDIARY: DD18D CROSS-REFER NO:	HCFA REDION: 05 TOTAL STATIONS: D44 RENAL NETWORK: 16 PHONE:(317)926-6894
INDIANA KIDNEY CENTER 6919 EAST 1DTH ST,SUITE E-2 INDIANAPOLIS, IN 46219 PROVIDER NO: 1S25D2	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: HEMO	DATE APPROVED: D8D686 OWNERSHIP: PROFIT INTERMEDIARY: OD13D CROSS-REFER NO:	HCFA REDION: D5 TOTAL STATIONS: DD6 RENAL NETWORK: 16 PHONE:(317)353-89DD
COMMUNITY HOSPITAL 15DD N RITTER AVE INDIANAPOLIS, IN 46219 PROVIDER NO: 1SDO74	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAININD:	DATE APPROVED: 11D987 OWNERSHIP: NONPROFIT INTERMEDIARY: DD13D CROSS-REFER NO:152314	HCFA REDION: D5 TOTAL STATIONS: DD1 RENAL NETWORK: 16 PHONE:(317)853-S492
CLARK COUNTY KIDNEY CENTER 12D1 WALL STREET JEFFERSONVILLE, IN 4713D PROVIDER NO: 1S2SO4	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD:	DATE APPROVED: 122386 OWNERSHIP: PROFIT INTERMEDIARY: DD13D CROSS-REFER NO:	HCFA REDION: D5 TOTAL STATIONS: DD8 RENAL NETWORK: 16 PHONE:(812)282-D42D
DIALYSIS CLINIC INC 1D3S WALL ST, SUITE 1DD JEFFERSONVILLE, IN 4713D PROVIDER NO: 1S2SDS	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD:	DATE APPROVED: D41D87 OWNERSHIP: NONPROFIT INTERMEDIARY: DD13D CROSS-REFER NO:	HCFA REDION: 05 TOTAL STATIONS: DD5 RENAL NETWORK: 16 PHONE:(812)282-5SDD
ST JOSEPH DIALYSIS CENTER INC 19D7 WEST SYCAMORE KOKOMO, IN 46D91 PROVIDER NO: 1S3SD3	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININD: HEMO PERI	DATE APPROVED: 062687 OWNERSHIP: NONPROFIT INTERMEDIARY: DD13D CROSS-REFER NO:	HCFA REDION: D6 TOTAL STATIONS: DD7 RENAL NETWORK: 16 PHONE:(317)452-5611
DIALYSIS INSTITUTE OF KOKOMO 3611 SOUTH REED RO KOKOMO, IN 46901 PROVIDER NO: 1S2SO6	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD:	DATE APPROVED: D10987 OWNERSHIP: PROFIT INTERMEDIARY: OD13D CROSS-REFER NO:	HCFA REDION: 05 TOTAL STATIONS: DD6 RENAL NETWORK: 16 PHONE:( ) -
ST ELIZABETH HOSP MED CENTER 1SD1 HARTFORD STREET LAFAYETTE, IN 47904 PROVIDER NO: 150OD3	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININO: HEMO PERI CAPD	DATE APPROVED: D60179 OWNERSHIP: NONPROFIT INTERMEDIARY: OD13D CROSS-REFER NO:16231D	HCFA REDION: D5 TOTAL STATIONS: D1D RENAL NETWORK: 16 PHONE:(317)423-6D11

STATE=INDIANA CONTINUED

LAPORTE KIDNEY CENTER P.O. BOX 250, STATE & MADISON LAPORTE, IN 46350 PROVIDER NO: 153504	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 082787 OWNERSHIP: NONPROFIT INTERMEDIARY: 00130 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 008 RENAL NETWORK: 16 PHONE:(219)326-2477
COMMUNITY DIALYSIS SERVICES 333 W 4TH ST MARION, IN 46952 PROVIDER NO: 153505	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 091687 OWNERSHIP: NONPROFIT INTERMEDIARY: 00130 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 006 RENAL NETWORK: 16 PHONE:(317)662-9792
ST MARGARET HOSPITAL SOUTHLAKE UNIT 8701 BROADWAY MERRILLVILLE, IN 46410 PROVIDER NO: 153500	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 112581 OWNERSHIP: NONPROFIT INTERMEDIARY: 00130 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 004 RENAL NETWORK: 16 PHONE:(219)738-5610
BALL MEM HOSP ASSOCIATION INC 2401 UNIVERSITY AVE MUNCIE, IN 47303 PROVIDER NO: 150089	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 061179 OWNERSHIP: NONPROFIT INTERMEDIARY: 00130 CROSS-REFER NO:152308	HCFA REGION: 05 TOTAL STATIONS: 012 RENAL NETWORK: 16 PHONE:(317)473-3020
ST JOSEPHS HOSP 811 E MADISON ST SOUTH BEND, IN 46617 PROVIDER NO: 150012	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00130 CROSS-REFER NO:152301	HCFA REGION: 05 TOTAL STATIONS: 030 RENAL NETWORK: 16 PHONE:(219)237-7111
UNION HOSPITAL INC 1606 N 7TH ST TERRE HAUTE, IN 47804 PROVIDER NO: 150029	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 082980 OWNERSHIP: NONPROFIT INTERMEDIARY: 00130 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 008 RENAL NETWORK: 16 PHONE:(812)238-7000
GOOD SAMARITAN HOSPITAL 520 SOUTH 7TH STREET VINCENNES, IN 47591 PROVIDER NO: 150042	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00130 CROSS-REFER NO:152305	HCFA REGION: 05 TOTAL STATIONS: 009 RENAL NETWORK: 16 PHONE:(812)882-5220

STATE=IOWA

MARY GREELEY MEDICAL CTR 117 11TH ST AMES, IA 50010 PROVIDER NO: 160030	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPRDVED: 072077 OWNERSHIP: NONPROFIT INTERMEDIARY: 00140 CROSS-REFER NO:162304	HCFA REGION: 07 TOTAL STATIONS: 007 RENAL NETWORK: 06 PHONE:(515)239-2316
MERCY HOSPITAL 701 10TH STREET SE CEDAR RAPIDS, IA 52403 PROVIDER NO: 160079	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 031205 OWNERSHIP: NONPROFIT INTERMEDIARY: 00140 CROSS-REFER NO:162309	HCFA REGION: 07 TOTAL STATIONS: 010 RENAL NETWORK: 06 PHONE:(319)398-6423
ST LUKE'S HOSP 1227 E RUSHOLME ST DAVENPORT, IA 52803 PROVIDER NO: 160025	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 072077 OWNERSHIP: NONPROFIT INTERMEDIARY: 00140 CROSS-REFER NO:162303	HCFA REGION: 07 TOTAL STATIONS: 016 RENAL NETWORK: 06 PHONE:(319)326-6909
IOWA LUTHERAN HOSP E. UNIVERSITY AT PENN DES MOINES, IA 50316 PROVIDER NO: 160024	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 083077 OWNERSHIP: NONPROFIT INTERMEDIARY: 00140 CROSS-REFER NO:162302	HCFA REGION: 07 TOTAL STATIONS: 020 RENAL NETWORK: 06 PHONE:(515)263-5214
MERCY HOSP MED CENTER SIXTH AND UNIVERSITY AVE DES MOINES, IA 50314 PROVIDER NO: 160003	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 100706 OWNERSHIP: NONPROFIT INTERMEDIARY: 00140 CROSS-REFER NO:162310	HCFA REGION: 07 TOTAL STATIONS: 012 RENAL NETWORK: 06 PHONE:(515)247-4234
KIDNEY CARE P.C. 1215 PLEASANT ST, SUITE 100 DES MOINES, IA 50309 PROVIDER NO: 162501	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 061206 OWNERSHIP: PROFIT INTERMEDIARY: 00140 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: 012 RENAL NETWORK: 06 PHONE:(515)263-1487
IOWA METHDOIST MEDICAL CENTER 1200 PLEASANT DES MOINES, IA 50309 PROVIDER NO: 160002	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 012787 OWNERSHIP: NONPROFIT INTERMEDIARY: 0014D CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: 000 RENAL NETWORK: 06 PHONE:( ) -
TRI-STATE DIALYSIS 320 N GRANDVIEW DUBUQUE, IA 52001 PROVIDER NO: 162500	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMD SELF-CARE: TRAININD: HEMO CAPD CCPO	DATE APPROVED: 091780 OWNERSHIP: PROFIT INTERMEDIARY: D014D CRDSS-REFER ND:	HCFA REGION: 07 TDTAL STATIONS: 008 RENAL NETWDRK: 06 PHONE:(319)557-9024
TRINITY REG HOSP S KENYON RD FORT DODGE, IA 50501 PROVIDER NO: 160016	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 082977 OWNERSHIP: NONPROFIT INTERMEDIARY: 00141 CROSS-REFER NO:162300	HCFA REGION: 07 TOTAL STATIONS: 008 RENAL NETWORK: 06 PHONE:(515)576-0831
VA MEDICAL CTR HIGHWAY 6 W IOWA CITY, IA 52240 PROVIDER NO: 160048	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 072777 OWNERSHIP: NONPRDFIT INTERMEDIARY: 00080 CRDSS-REFER ND:162305	HCFA REGION: 07 TOTAL STATIONS: 016 RENAL NETWORK: 06 PHONE:(319)338-0581
UNIVERSITY OF IOWA HOSP CLINICS NEWTON RD IOWA CITY, IA 52242 PROVIDER NO: 160058	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININD: HEMD CAPD CCPD	DATE APPRDVED: 083077 OWNERSHIP: NONPROFIT INTERMEDIARY: D0140 CROSS-REFER NO:162306	HCFA REGION: 07 TOTAL STATIONS: 010 RENAL NETWORK: 06 PHONE:(319)356-2723

STATE=IOWA CONTINUED

HENRY CO HEALTH CTR SAUNDERS PARK MOUNT PLEASANT, IA 52641 PROVIDER NO: 160106	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 072877 OWNERSHIP: NONPROFIT INTERMEDIARY: 00140 CROSS-REFER NO:162308	HCFA REGION: 07 TOTAL STATIONS: 008 RENAL NETWORK: 08 PHONE:(319)385-3141
GEORGE O SPELLMAN DIALYSIS UNIT 801 6TH ST SIOUX CITY, IA 51101 PROVIDER NO: 160153	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 072777 OWNERSHIP: NONPROFIT INTERMEDIARY: 00141 CROSS-REFER NO:162301	HCFA REGION: 07 TOTAL STATIONS: 010 RENAL NETWORK: 08 PHONE:(712)279-2178
COVENANT MEDICAL CTR 3421 W 9TH ST WATERLOO, IA 50702 PROVIDER NO: 160067	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 072877 OWNERSHIP: NONPROFIT INTERMEDIARY: 00140 CROSS-REFER NO:162307	HCFA REGION: 07 TOTAL STATIONS: 012 RENAL NETWORK: 08 PHONE:(319)236-4140

STATE=KANSAS

KANSAS NEPHROLOOY ASSOCIATES 108 ROSS 8LVO DDOGE CITY, KS 67801 PROVIOER NO: 1725DS	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAININO: HEMO CAPO CCPO	OATE APPROVEO: 120186 OWNERSHIP: PROFIT INTERMEOIARY: 00150 CROSS-REFER NO:	HCFA REOION: 07 TOTAL STATIONS: 010 RENAL NETWORK: 09 PHONE:(316)225-7100
FORT SCOTT REGIONAL OIALYSIS CENTER 105 SOUTH SCOTT FORT SCOTT, KS 66701 PROVIOER NO: 172S07	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAININO: HEMO	OATE APPROVEO: 101086 OWNERSHIP: PROFIT INTERMEOIARY: 001SO CROSS-REFER NO:	HCFA REOION: 07 TOTAL STATIONS: 005 RENAL NETWORK: 09 PHONE:(316)223-3161
KANSAS NEPHROLOGY ASSOCIATES 2220 CANTERBURY RO HAYS, KS 67601 PROVIOER NO: 172S06	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAININO: HEMO	OATE APPROVEO: 120186 OWNERSHIP: PROFIT INTERMEOIARY: 00150 CROSS-REFER NO:	HCFA REOION: 07 TOTAL STATIONS: 006 RENAL NETWORK: 09 PHONE:(918)625-0033
UNIVERSITY OF KANSAS MEOICAL CENTER 39TH ST & RAINBOW BLVO KANSAS CITY, KS 66103 PROVIOER NO: 170040	FACILITY TYPE: TRANSPLANT/OIALYSIS CTR STAFF-ASSISTEO: HEMO PERI SELF-CARE: TRAINING: HEMO PERI	OATE APPROVEO: 082977 OWNERSHIP: NONPROFIT INTERMEOIARY: 00241 CROSS-REFER NO:172301	HCFA REOION: 07 TOTAL STATIONS: 016 RENAL NETWORK: 09 PHONE:(913)588-6072
JOHNSON COUNTY OIALYSIS INC 10405 W 84TH TERRACE LENEXA, KS 66214 PROVIOER NO: 172S01	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAININO: HEMO CAPO CCPO	OATE APPROVEO: 060603 OWNERSHIP: NONPROFIT INTERMEOIARY: 00241 CROSS-REFER NO:	HCFA REOION: 07 TOTAL STATIONS: 013 RENAL NETWORK: 09 PHONE:(913)492-2044
ASBURY HOSP 400 S SANTA FE SALINA, KS 67401 PROVIOER NO: 170012	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTEO: SELF-CARE: TRAININO:	OATE APPROVEO: 061785 OWNERSHIP: NONPROFIT INTERMEOIARY: 00150 CROSS-REFER NO:172805	HCFA REOION: 07 TOTAL STATIONS: 009 RENAL NETWORK: 09 PHONE:(913)823-6416
SALINE COUNTY OIALYSIS 700 EAST IRON SALINA, KS 67401 PROVIOER NO: 172S02	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO PERI SELF-CARE: TRAININO: HEMO CAPO CCPO	OATE APPROVEO: 061785 OWNERSHIP: PROFIT INTERMEOIARY: 00140 CROSS-REFER NO:	HCFA REOION: 07 TOTAL STATIONS: 009 RENAL NETWORK: 09 PHONE:(913)823-6460
ST FRANCIS HOSP AND MEO CTR 634 SW MULVANE TOPEKA, KS 66606 PROVIOER NO: 170016	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTEO: SELF-CARE: TRAININO:	OATE APPROVEO: 040187 OWNERSHIP: NONPROFIT INTERMEOIARY: 00150 CROSS-REFER NO:172300	HCFA REOION: 07 TOTAL STATIONS: 000 RENAL NETWORK: 09 PHONE:(913)295-8081
KANSAS OIALYSIS SERVICES 634 SW MULVANE SUITE 300 TOPEKA, KS 66606 PROVIOER NO: 172508	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAININO: HEMO CAPO CCPO	OATE APPROVEO: 040187 OWNERSHIP: PROFIT INTERMEOIARY: 00150 CROSS-REFER NO:	HCFA REOION: 07 TOTAL STATIONS: 016 RENAL NETWORK: 09 PHONE:(913)295-8081
ST FRANCIS HOSP 929 N ST FRANCIS AVE WICHITA, KS 67214 PROVIOER NO: 170122	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTEO: SELF-CARE: TRAININO:	OATE APPROVEO: 120186 OWNERSHIP: NONPROFIT INTERMEOIARY: 001SO CROSS-REFER NO:172303	HCFA REOION: 07 TOTAL STATIONS: 000 RENAL NETWORK: 09 PHONE:(316)260-5623
WICHITA OIALYSIS CENTER 909 NORTH TOPEKA WICHITA, KS 67214 PROVIOER NO: 172S03	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAININO: CAPO CCPO	OATE APPROVEO: 070186 OWNERSHIP: PROFIT INTERMEOIARY: 001SO CROSS-REFER NO:	HCFA REOION: 07 TOTAL STATIONS: 023 RENAL NETWORK: 09 PHONE:(316)263-5891

STATE=NANSAS CONTINUED

NANSAS NEPHROLOOY A6SOCIATES 1007 N. EMPORIA WICHITA, KS 67214 PROVIOER NO: 172504	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPO CCPO	OATE APPROVEO: 120186 OWNERSHIP: PROFIT INTERMEOIARY: 00150 CROSS-REFER NO:	HCFA REOION: 07 TOTAL STATIONS: 043 RENAL NETWORK: 09 PHONE:(316)268-6969

STATE=KENTUCKY

ASHLAND KIONEY CENTER OF OL8H 118 ST. CHRISTOPHER DRIVE ASHLAND, KY 411D1 PROVIDER NO: 180036	FACILITY TYPE: OIALYSIS CENTER STAFF-ASSISTEO: HEMO PERI SELF-CARE: TRAINING: CAPO	DATE APPROVED: 031684 OWNERSHIP: NONPROFIT INTERMEDIARY: 0D160 CROSS-REFER NO:182308	HCFA REOION: 04 TOTAL STATIONS: 0D9 RENAL NETWORK: 17 PHONE:(606)836-2433
HIGHLANDS DIALYSIS FACILITY P.O. 8OK 9 AUKIER, KY 41602 PROVIOER NO: 182507	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO: HEMO CAPO	DATE APPROVEO: 040279 OWNERSHIP: NONPROFIT INTERMEOIARY: 0016D CROSS-REFER NO:	HCFA REOION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 17 PHONE:(6D6)886-3893
8OWLING GREEN HEMODIALYSIS CENTER 1834 LYDA AVE 8OWLING GREEN, KY 42101 PROVIDER NO: 182505	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAININO: HEMO CAPD	DATE APPROVED: 081678 OWNERSHIP: PROFIT INTERMEOIARY: 0D16D CROSS-REFER NO:	HCFA REOION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 17 PHONE:(602)782-1318
DIALYSIS CLINIC INC SDD S MAIN ST COR8IN, KY 4D7D1 PROVIDER NO: 1825D8	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	OATE APPROVED: 011480 OWNERSHIP: NONPROFIT INTERMEDIARY: 0D16D CROSS-REFER NO:	HCFA REOION: 04 TOTAL STATIONS: D12 RENAL NETWORK: 17 PHONE:(6D6)523-1070
DIALYSIS CLINIC INC 1223 SYCAMORE OR DANVILLE, KY 4D422 PROVIOER NO: 182S13	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO:	DATE APPROVED: 071387 OWNERSHIP: NONPROFIT INTERMEDIARY: 00160 CROSS-REFER NO:	HCFA REOION: 04 TOTAL STATIONS: 0D7 RENAL NETWORK: 17 PHONE:(606)236-9024
COMMUNITY LIMITEO CARE OIALYSIS CTR 90D MEOICAL VILLAGE OR EDGEWOOO, KY 41017 PROVIOER NO: 182S11	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAININO:	OATE APPROVED: 080283 OWNERSHIP: NONPROFIT INTERMEOIARY: 0016D CROSS-REFER NO:	HCFA REOION: 04 TOTAL STATIONS: 01D RENAL NETWORK: 17 PHONE:(606)341-4366
WOOOLAND DIALYSIS FACILITY 912 WOODLAND DR ELIZA8ETHTOWN, KY 42701 PROVIDER NO: 1825D4	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO: PERI CAPO CCPD	OATE APPROVEO: 09D177 OWNERSHIP: PROFIT INTERMEOIARY: 00160 CROSS-REFER NO:	HCFA REOION: 04 TOTAL STATIONS: D14 RENAL NETWORK: 17 PHONE:(502)769-3321
JENNIE STUART MEMORIAL HOSP HOSPITAL LANE HOPKINSVILLE, KY 42240 PROVIDER NO: 18DD51	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 09D176 OWNERSHIP: NONPROFIT INTERMEDIARY: D0160 CROSS-REFER NO:182304	HCFA REOION: 04 TOTAL STATIONS: 004 RENAL NETWORK: 17 PHONE:(502)887-0100
UNIVERSITY OF KENTUCKY MEDICAL CENTER 8DD ROSE ST,SPEC OIAGNOSTICS/ESRD LEKINGTON, KY 4DS36 PROVIOER NO: 180D67	FACILITY TYPE: TRANSPLANT/OIALYSIS CTR STAFF-ASSISTEO: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPO	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00160 CROSS-REFER NO:182305	HCFA REOION: 04 TOTAL STATIONS: 007 RENAL NETWORK: 17 PHONE:(6D6)233-6251
OIALYSIS CLINIC INC 1353 LEESTOWN RD LEKINGTON, KY 4D508 PROVIDER NO: 182SD2	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO: HEMO CAPD	OATE APPROVED: D9D176 OWNERSHIP: NONPROFIT INTERMEDIARY: D0160 CROSS-REFER NO:	HCFA REOION: 04 TOTAL STATIONS: 020 RENAL NETWORK: 17 PHONE:(606)2S2-7712
DIALYSIS CLINIC, INC 140 SOUTHLAND ORIVE LEXINGTON, KY 40503 PROVIOER NO: 182S12	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAININO: HEMO	DATE APPROVED: 022586 OWNERSHIP: NONPROFIT INTERMEOIARY: 0D160 CROSS-REFER NO:	HCFA REOION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 17 PHONE:(606)278-D3S7

STATE=KENTUCKY CONTINUED

JEWISH HOSP 217 E CHESTNUT ST LOUISVILLE, KY 40202 PROVIDER NO: 180040	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININD:	DATE APPROVED: 090176 OWNERSHIP: NONPRDFIT INTERMEDIARY: 00160 CROSS-REFER NO:182302	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 17 PHONE:(502)587-4318
U OF LOUISVILLE KIDNEY DISEASE PROGRAM 500 S FLOYD LOUISVILLE, KY 40292 PROVIDER NO: 182501	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININD: HEMO PERI CAPD CCPD	DATE APPRDVED: 090176 DWNERSHIP: PRDFIT INTERMEDIARY: 00160 CROSS-REFER NO:	HCFA REGION: 04 TDTAL STATIONS: 021 RENAL NETWDRK: 17 PHONE:(502)588-5757
BIO MEDICAL APPLICATIONS OF LOUISVILLE 224 E BROADWAY LOUISVILLE, KY 40202 PROVIDER NO: 182503	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAININD: HEMO PERI CAPD	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 0016D CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 040 RENAL NETWORK: 17 PHONE:(502)584-3021
NORTON HOSP/KOSAIR CHILDREN'S HOSP 200 EAST CHESTNUT ST LOUISVILLE, KY 40202 PROVIDER NO: 180080	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAININD:	DATE APPRDVED: 101686 OWNERSHIP: NONPROFIT INTERMEDIARY: 00160 CROSS-REFER NO:182309	HCFA REGION: 04 TOTAL STATIONS: 000 RENAL NETWORK: 17 PHONE:(502)562-8233
TROVER CLIN FOUNDATION RENAL DIALYSIS 638 N FRANKLIN ST MADISONVILLE, KY 42431 PROVIDER NO: 182506	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: CAPD	DATE APPROVED: 092078 DWNERSHIP: NONPRDFIT INTERMEDIARY: 0016D CRDSS-REFER ND:	HCFA REGION: 04 TOTAL STATIONS: 006 RENAL NETWORK: 17 PHONE:(502)821-5153
DIALYSIS CLINIC INC 445 CLINIC DR MOREHEAD, KY 40351 PROVIDER NO: 182509	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD:	DATE APPRDVED: 040780 DWNERSHIP: NONPROFIT INTERMEDIARY: 00160 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 17 PHONE:(606)783-1591
OWENSBORO-DAVIESS CO HOSP- 1101 PEARL ST,P.O. DOX 1099 OWENSBORO, KY 42301 PROVIDER NO: 180038	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: CAPD	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00160 CROSS-REFER NO:182301	HCFA REGION: 04 TOTAL STATIONS: 006 RENAL NETWORK: 17 PHONE:(502)926-3030
LOURDES HOSP 1530 LONE OAK ROAD PADUCAH, KY 42001 PROVIDER NO: 180102	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: CAPD	DATE APPRDVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00160 CROSS-REFER NO:182306	HCFA REGION: 04 TOTAL STATIONS: 006 RENAL NETWORK: 17 PHONE:(502)444-2253

STATE=LOUISIANA

BMA OF ALEXANDRIA INC. 405 THIRD ST ALEXANDRIA, LA 71301 PROVIDER NO: 192503	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 024 RENAL NETWORK: 12 PHONE:(318)487-1055
EARL K LONG HOSPITAL 5825 AIRLINE HIGHWAY BATON ROUGE, LA 70805 PROVIDER NO: 190122	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00170 CROSS-REFER NO:192309	HCFA REGION: 06 TOTAL STATIONS: 003 RENAL NETWORK: 12 PHONE:(504)358-1245
BIO-MEDICAL APPLICATIONS-BATON ROUGE 524 COLONIAL DR BATON ROUGE, LA 70806 PROVIDER NO: 192501	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 024 RENAL NETWORK: 12 PHONE:(604)927-3313
BMA OF BATON ROUGE-CENTRAL 5348 FLANDERS DR BATON ROUGE, LA 70809 PROVIDER NO: 192S24	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 061S82 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 012 RENAL NETWORK: 12 PHONE:(504)766-5044
BIO-MEDICAL APPLICATIONS AIRPORT INC 12230 PLANK RD BATON ROUGE, LA 70811 PROVIDER NO: 192S39	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 082086 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 014 RENAL NETWORK: 12 PHONE:(504)774-4164
WASHINGTON PARISH DIALYSIS CENTER 410 AVENUE B BOGALUSA, LA 70427 PROVIDER NO: 192S08	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 070178 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 008 RENAL NETWORK: 12 PHONE:(504)732-4522
BOGALUSA KIDNEY CARE 2108 SOUTH AVE F BOGALUSA, LA 70427 PROVIDER NO: 192S40	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 111286 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 008 RENAL NETWORK: 12 PHONE:(504)73S-7810
BOSSIER REGIONAL DIALYSIS CENTER 1S14 DOCTORS DR BOSSIER CITY, LA 71111 PROVIDER NO: 192532	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 032884 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 010 RENAL NETWORK: 12 PHONE:(318)746-8440
CHALMETTE DIALYSIS CENTER 4020 PARIS RD CHALMETTE, LA 70043 PROVIDER NO: 192515	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 041381 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 011 RENAL NETWORK: 12 PHONE:(504)277-8423
NORTHLAKE DIALYSIS CENTER 1131 S TYLER ST, UNIT 10 COVINGTON, LA 70433 PROVIDER NO: 192S36	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI	DATE APPROVED: 010686 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 008 RENAL NETWORK: 12 PHONE:(504)893-2011
NORTHSHORE KIDNEY CENTER 190 PROFESSIONAL PLAZA HWY 190 COVINGTON, LA 70433 PROVIDER NO: 192544	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 072787 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 004 RENAL NETWORK: 12 PHONE:(504)893-726S

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CROWLEY DIALYSIS CENTER 625 EAST 8TH ST CROWLEY, LA 70526 PROVIDER NO: 192538	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 022186 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 010 RENAL NETWORK: 12 PHONE:(318)783-0013
RIVERSIDE MEDICAL CTR ENON HIGHWAY-DOX 520 FRANKLINTON, LA 70438 PROVIDER NO: 190049	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 080184 OWNERSHIP: NONPROFIT INTERMEDIARY: 00170 CROSS-REFER NO:192319	HCFA REGION: 06 TOTAL STATIONS: 005 RENAL NETWORK: 12 PHONE:(504)839-4431
RIVER PARISHES DIALYSIS CENTER 110 N. AIRLINE AVE GRAMERCY, LA 70052 PROVIDER NO: 192542	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 122986 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 006 RENAL NETWORK: 12 PHONE:(504)869-4112
FLORIDA PARISHES ART KIDNEY CTR RT 1 CLUB DELUXE,#104 PROF PL HAMMOND, LA 70401 PROVIDER NO: 192505	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 083187 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 016 RENAL NETWORK: 12 PHONE:(504)524-4907
BIO MED APPLICATIONS OF MARRERO INC 3714-2 WESTBANK EXPRESSWAY HARVEY, LA 70058 PROVIDER NO: 192521	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 010682 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 006 RENAL NETWORK: 12 PHONE:(504)340-1045
OCHNER CLINIC HOUMA & BAYOU AREA 903 PICONE RD HOUMA, LA 70360 PROVIDER NO: 192509	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 110178 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 012 RENAL NETWORK: 12 PHONE:(504)868-0187
DIALYSIS CENTER OF KENNER 2226 WILLIAMS BLVD #201 KENNER, LA 70062 PROVIDER NO: 192520	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 021183 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 006 RENAL NETWORK: 12 PHONE:(504)466-8083
KENNER RENAL CENTER INC 200 W ESPLANADE AVE #412 KENNER, LA 70065 PROVIDER NO: 192534	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 011685 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 006 RENAL NETWORK: 12 PHONE:(504)464-8604
UNIVERSITY MEDICAL CENTER 2390 WEST CONGRESS LAFAYETTE, LA 70506 PROVIDER NO: 190006	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 071183 OWNERSHIP: NONPROFIT INTERMEDIARY: 00170 CROSS-REFER NO:192316	HCFA REGION: 06 TOTAL STATIONS: 004 RENAL NETWORK: 12 PHONE:(318)261-6029
ACADIANA ARTIFICIAL KIDNEY CTR 300 W ST MARY ST LAFAYETTE, LA 70506 PROVIDER NO: 192504	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 080177 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 021 RENAL NETWORK: 12 PHONE:(318)233-6593
LAFAYETTE GEN MED CTR 1214 COOLIDGE AVE LAFAYETTE, LA 70505 PROVIDER NO: 190002	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 072287 OWNERSHIP: NONPROFIT INTERMEDIARY: 00170 CROSS-REFER NO:192321	HCFA REGION: 06 TOTAL STATIONS: 005 RENAL NETWORK: 12 PHONE:(318)261-7991

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ST PATRICK HOSP OF LAKE CHARLES 524 S RYAN LAKE CHARLES, LA 70601 PROVIDER NO: 190027	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00170 CROSS-REFER NO:192303	HCFA REGION: 06 TOTAL STATIONS: 010 RENAL NETWORK: 12 PHONE:(318)436-2511
KIDNEY KARE OF LAPLACE 925 BELLE TERRE DR,P.O. BOX 109 LAPLACE, LA 70069 PROVIDER NO: 192513	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 040580 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 006 RENAL NETWORK: 12 PHONE:(504)652-7316
LAPLACE DIALYSIS CENTER 429 W AIRLINE HWY SUITE N LAPLACE, LA 70068 PROVIDER NO: 192543	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI	DATE APPROVED: 051287 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 008 RENAL NETWORK: 12 PHONE:(504)885-7561
ST CHARLES PARISH DIALYSIS CTR 924 LAGARDE STREET LULING, LA 70070 PROVIDER NO: 192526	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI	DATE APPROVED: 062382 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 006 RENAL NETWORK: 12 PHONE:(504)785-1363
WEST JEFFERSON DIALYSIS CENTER INC 4907 WICHERS DR MARRERO, LA 70072 PROVIDER NO: 192520	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 011082 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 004 RENAL NETWORK: 12 PHONE:(504)340-3900
DMA OF METAIRIE INC 3939 HOUMA BLVD-SUITE 6 METAIRIE, LA 70002 PROVIDER NO: 192511	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 022280 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 011 RENAL NETWORK: 12 PHONE:(504)455-5535
DIALYSIS CENTER OF MINDEN INC 610 FLEMING LANE MINDEN, LA 71055 PROVIDER NO: 192541	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 120586 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 012 RENAL NETWORK: 12 PHONE:(318)371-1532
NORTHERN LOUISIANA DIALYSIS CENTER 711 WOOD ST MONROE, LA 71210 PROVIDER NO: 192510	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO PERI CAPD	DATE APPROVED: 021080 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 025 RENAL NETWORK: 12 PHONE:(318)322-7565
ST MARY PARISH DIALYSIS INC 1100 MARGUERITE ST MORGAN CITY, LA 70380 PROVIDER NO: 192517	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 071881 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 005 RENAL NETWORK: 12 PHONE:(504)385-4944
ASSUMPTION GEN ARTIFICIAL KIDNEY CTR P.O. BOX 817 NAPOLEONVILLE, LA 70390 PROVIDER NO: 192502	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 010 RENAL NETWORK: 12 PHONE:(504)369-6171
NATCHITOCHES DIALYSIS FACILITY 501 KEYSER AVE-BOX 2042 NATCHITECHES, LA 71457 PROVIDER NO: 192525	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 060682 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 010 RENAL NETWORK: 12 PHONE:(318)352-1960

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BAYOU TECHE KIDNEY CENTER 101 E MAIN ST NEW IBERIA, LA 70560 PROVIDER NO: 192522	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI	DATE APPROVED: 082582 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 012 RENAL NETWORK: 12 PHONE:(318)364-1185
IBERIA GEN HOSP & MED CTR 2315 E MAIN ST NEW IBERIA, LA 70560 PROVIDER NO: 190054	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 051887 OWNERSHIP: NONPROFIT INTERMEDIARY: 00170 CROSS-REFER NO:192320	HCFA REGION: 06 TOTAL STATIONS: 001 RENAL NETWORK: 12 PHONE:(318)364-0441
CHARITY HOSP OF NEW ORLEANS 1532 TULANE AVE NEW ORLEANS, LA 70140 PROVIDER NO: 190005	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO	DATE APPROVED: 031684 OWNERSHIP: NONPROFIT INTERMEDIARY: 00170 CROSS-REFER NO:192300	HCFA REGION: 06 TOTAL STATIONS: 011 RENAL NETWORK: 12 PHONE:(504)568-3601
HOTEL DIEU HOSP 2021 PERDIDO ST NEW ORLEANS, LA 70112 PROVIDER NO: 190035	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 100184 OWNERSHIP: NONPROFIT INTERMEDIARY: 00170 CROSS-REFER NO:192304	HCFA REGION: 06 TOTAL STATIONS: 004 RENAL NETWORK: 12 PHONE:(504)588-3000
ALTON OCHSNER MEDICAL FOUNDATION 1516 JEFFERSON HWY NEW ORLEANS, LA 70121 PROVIDER NO: 190036	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 082284 OWNERSHIP: NONPROFIT INTERMEDIARY: 00170 CROSS-REFER NO:192318	HCFA REGION: 06 TOTAL STATIONS: 000 RENAL NETWORK: 12 PHONE:(504)838-4000
TOURO INFIRMARY 1401 FOUCHER ST NEW ORLEANS, LA 70115 PROVIDER NO: 190046	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00170 CROSS-REFER NO:192306	HCFA REGION: 06 TOTAL STATIONS: 014 RENAL NETWORK: 12 PHONE:(504)897-7011
SOUTHERN BAPTIST HOSPITAL 2700 NAPOLEON AVE NEW ORLEANS, LA 70115 PROVIDER NO: 190135	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00170 CROSS-REFER NO:192311	HCFA REGION: 06 TOTAL STATIONS: 018 RENAL NETWORK: 12 PHONE:(504)899-9311
ST CHARLES GENERAL HOSPITAL 3600 PRYTANIA, SUITE 83 NEW ORLEANS, LA 70115 PROVIDER NO: 190158	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 52280 CROSS-REFER NO:192312	HCFA REGION: 06 TOTAL STATIONS: 008 RENAL NETWORK: 12 PHONE:(504)899-7441
TULANE MEDICAL CTR HOSP 1430 TULANE AVE RM 8700 NEW ORLEANS, LA 70112 PROVIDER NO: 190176	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: PERI CAPD	DATE APPROVED: 042479 OWNERSHIP: NONPROFIT INTERMEDIARY: 00170 CROSS-REFER NO:192314	HCFA REGION: 06 TOTAL STATIONS: 014 RENAL NETWORK: 12 PHONE:(504)588-5471
GREATER NEW ORLEANS ART KIDNEY CTR 2000 TULANE AVE NEW ORLEANS, LA 70112 PROVIDER NO: 192500	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 030 RENAL NETWORK: 12 PHONE:(504)581-6227
WESTBANK CHRONIC RENAL CTR 4422 GENERAL MEYER AVE,SUITE 103 NEW ORLEANS, LA 70114 PROVIDER NO: 192507	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 011978 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 012 RENAL NETWORK: 12 PHONE:(504)366-0808

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810 MED APPLICATIONS OF NEW ORLEANS E 7SDO BULLARD AVE SUITE 14A NEW ORLEANS, LA 70128 PRDVIDER NO: 192S16	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 040401 OWNERSHIP: PRDFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: D6 TDTAL STATIONS: 014 RENAL NETWORK: 12 PHONE:(SO4)24S-1032
TRI-PARISH CHRONIC RENAL CTR 2389 ST CLAUDE AVE NEW ORLEANS, LA 7D117 PROVIDER ND: 192S23	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO PERI TRAININD: HEMO PERI	DATE APPRDVED: D33102 OWNERSHIP: PROFIT INTERMEDIARY: 0D170 CROSS-REFER ND:	HCFA REGION: 06 TOTAL STATIONS: D12 RENAL NETWDRK: 12 PHONE:(SO4)943-1297
MID-CITY DIALYSIS CTR 319 NORTH GENOIS ST #112 NEW ORLEANS, LA 7D119 PROVIDER NO: 192S27	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO: HEMO	DATE APPRDVED: D72D82 OWNERSHIP: PROFIT INTERMEDIARY: D017D CROSS-REFER NO:	HCFA REDION: D6 TOTAL STATIONS: 0D6 RENAL NETWDRK: 12 PHONE:(6D4)488-8503
KIDNEY CARE OF NEW ORLEANS 2123 MAGAZINE ST NEW ORLEANS, LA 7013D PRDVIDER NO: 192S29	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 031083 OWNERSHIP: PRDFIT INTERMEDIARY: 0D170 CROSS-REFER ND:	HCFA REGION: 06 TOTAL STATIONS: 008 RENAL NETWORK: 12 PHONE:(SD4)S24-1131
OCHSNER CLINIC DIALYSIS CENTER 1S14 JEFFERSDN HIGHWAY NEW ORLEANS, LA 7D121 PRDVIDER NO: 192S31	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 111083 OWNERSHIP: PRDFIT INTERMEDIARY: 0D17D CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIDNS: 01S RENAL NETWORK: 12 PHONE:(SD4)838-3DD0
ST CLAUDE DIALYSIS CENTER 243S ST CLAUDE AVE NEW ORLEANS, LA 70117 PROVIDER NO: 192S33	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAININO: HEMO PERI	DATE APPROVED: 111S84 OWNERSHIP: PROFIT INTERMEDIARY: D0170 CROSS-REFER NO:	HCFA REDION: 06 TOTAL STATIONS: 008 RENAL NETWORK: 12 PHONE:(504)949-0194
OPELOUSAS ARTIFICIAL KIDNEY CTR 1207 CHOCTAW OPELDUSAS, LA 70S70 PRDVIDER NO: 192S18	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI	DATE APPROVED: D9D281 DWNERSHIP: PROFIT INTERMEDIARY: DD170 CROSS-REFER NO:	HCFA REDIDN: D6 TOTAL STATIONS: 017 RENAL NETWDRK: 12 PHONE:(318)948-1SSD
RUSTON KIDNEY CENTER 217 LUNTSFORD LANE RUSTON, LA 71270 PROVIDER NO: 192S46	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 1D2687 OWNERSHIP: NONPROFIT INTERMEDIARY: D0170 CROSS-REFER NO:	HCFA REDION: 06 TOTAL STATIDNS: 009 RENAL NETWORK: 12 PHONE:( ) -
SCHUMPERT MEDICAL CENTER 91S MARGARET PLACE SHREVEPORT, LA 7112D PROVIDER NO: 19DD41	FACILITY TYPE: TRANSPLANT DNLY STAFF-ASSISTED: SELF-CARE: TRAININO:	DATE APPRDVED: 07D284 OWNERSHIP: NONPRDFIT INTERMEDIARY: 00170 CRDSS-REFER NO:192317	HCFA REGION: 06 TOTAL STATIDNS: 000 RENAL NETWORK: 12 PHONE:(318)227-4SOO
LOUISIANA STATE UNIV. HOSP. 1S41 KINGS HIGHWAY SHREVEPORT, LA 71102 PRDVIDER NO: 190098	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAININO: HEMO CAPD	DATE APPROVED: 083177 DWNERSHIP: NONPROFIT INTERMEDIARY: 0D170 CROSS-REFER NO:1923D7	HCFA REGION: 06 TOTAL STATIDNS: D10 RENAL NETWORK: 12 PHONE:(318)674-5000
WILLIS KNIGHTDN MEDICAL CENTER 2600 GREENWOOD RD SHREVEPORT, LA 71103 PROVIDER NO: 190111	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 083177 DWNERSHIP: NDNPRDFIT INTERMEDIARY: 00170 CROSS-REFER NO:192308	HCFA REDION: D6 TDTAL STATIONS: 009 RENAL NETWORK: 12 PHONE:(318)632-4600

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SHREVEPORT REOIONAL OIALYSIS CENTER 2I21 FAIRFIELD AVE,SUITE 169 SHREVEPORT, LA 71104 PROVIDER NO: 192512	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININO: HEMO PERI CAPD	DATE APPROVED: 022080 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REOION: 06 TOTAL STATIONS: 018 RENAL NETWORK: 12 PHONE:(318)227-9765
DIALYSIS CENTER OF SHREVEPORT 3921 SOUTHERN AVE SHREVEPORT, LA 71106 PROVIDER NO: 192530	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAININO: HEMO PERI CAPD	OATE APPROVEO: 070883 OWNERSHIP: PROFIT INTERMEOIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 019 RENAL NETWORK: 12 PHONE:(318)869-3016
ST TAMMANY PARISH RENAL CENTER 1412 CORPORATE SQUARE SLIDELL, LA 70458 PROVIDER NO: 192514	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININO:	DATE APPROVED: 110380 OWNERSHIP: PROFIT INTERMEOIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 008 RENAL NETWORK: 12 PHONE:(504)649-0928
ST TAMMANY PARISH DIALYSIS CENTER 1015 FLORIDA AVE SLIOELL, LA 70458 PROVIDER NO: 192519	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO:	DATE APPROVED: 101581 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 008 RENAL NETWORK: 12 PHONE:(504)649-6910
OCHSNER CLINIC OF THIBODAUX 406 N ACADIA RD THIBODAUX, LA 70301 PROVIOER NO: 192535	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININO:	OATE APPROVED: 040285 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 010 RENAL NETWORK: 12 PHONE:(504)448-2527
BAYOU LAFOURCHE DIALYSIS CENTER 602 N ACADIA LA THIBODAUX, LA 70302 PROVIDER NO: 192537	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO:	DATE APPROVEO: 020386 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 006 RENAL NETWORK: 12 PHONE:(504)447-5500

STATE=MAINE

EASTERN MAINE MED CTR 409 STATE ST BANGOR, ME 04401 PROVIDER NO: 200033	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00180 CROSS-REFER NO:202301	HCFA REGION: 01 TOTAL STATIONS: 014 RENAL NETWORK: 20 PHONE:(207)947-3711
LEWISTON/AUBURN KIDNEY CTR 707 MAIN ST LEWISTON, ME 04240 PROVIDER NO: 202501	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 110184 OWNERSHIP: PROFIT INTERMEDIARY: 00180 CROSS-REFER NO:	HCFA REGION: 01 TOTAL STATIONS: 010 RENAL NETWORK: 20 PHONE:(207)774-5985
MAINE MEDICAL CENTER 22 BRAMHALL ST PORTLAND, ME 04102 PROVIDER NO: 200009	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00180 CROSS-REFER NO:202300	HCFA REGION: 01 TOTAL STATIONS: 003 RENAL NETWORK: 20 PHONE:(207)871-2417
SOUTHERN MAINE DIALYSIS FACILITY 66 BRAMHALL ST-BOX 8480 PORTLAND, ME 04104 PROVIDER NO: 202500	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 101777 OWNERSHIP: PROFIT INTERMEDIARY: 00180 CROSS-REFER NO:	HCFA REGION: 01 TOTAL STATIONS: 021 RENAL NETWORK: 20 PHONE:(207)775-9585
MID-MAINE MEDICAL CENTER CHASE AVENUE WATERVILLE, ME 04901 PROVIDER NO: 200039	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00180 CROSS-REFER NO:202302	HCFA REGION: 01 TOTAL STATIONS: 000 RENAL NETWORK: 20 PHONE:(207)873-0621

STATE=MARIANA ISLANDS

HEMODIALYSIS UNIT-DR TORRES HOSPITAL VILLAGE OF A S TERLAJE SAIPAN,MARIANA ISL, CM 96960 PROVIDER NO: 662500	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPRDVED: 092683 OWNERSHIP: NONPROFIT INTERMEDIARY: 17120 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 005 RENAL NETWORK: 01 PHONE:(111)671-7956

STATE=MARYLAND

BIO-MEDICAL APPLICATIONS 203 RIDGELY RDAD ANNAPOLIS, MD 21401 PROVIDER NO: 212S09	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAININO:	DATE APPROVED: 050178 OWNERSHIP: PROFIT INTERMEDIARY: 00080 CRDSS-REFER NO:	HCFA REOIDN: 03 TDTAL STATIDNS: 010 RENAL NETWORK: 31 PHDNE:(301)267-07S4
UNIV DF MD MEDICAL SYSTEM 22 S GREENE ST BALTIMDRE, MD 21201 PROVIDER NO: 210002	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAININO: CAPD	DATE APPRDVED: 090177 OWNERSHIP: NDNPROFIT INTERMEDIARY: 00190 CRDSS-REFER NO:212300	HCFA REOIDN: 03 TDTAL STATIDNS: 006 RENAL NETWORK: 31 PHONE:(301)528-6294
JOHNS HDPKINS HDSP 601 N BROADWAY BALTIMDRE, MD 21205 PRDVIDER ND: 210009	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAININO: HEMO PERI	DATE APPRDVED: 090177 DWNERSHIP: NDNPROFIT INTERMEDIARY: 00190 CRDSS-REFER NO:212301	HCFA REOIDN: 03 TDTAL STATIONS: 009 RENAL NETWDRK: 31 PHDNE:(301)965-6610
BON SECOURS HDSP 1940 W BALTIMORE ST BALTIMORE, MD 21223 PROVIDER NO: 210013	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININO: HEMO PERI CAPD CCPD	DATE APPROVED: 051680 OWNERSHIP: NDNPROFIT INTERMEDIARY: 00190 CRDSS-REFER NO:212309	HCFA REOIDN: 03 TOTAL STATIONS: 019 RENAL NETWDRK: 31 PHDNE:(301)566-2700
FRANCIS SCOTT KEY MEDICAL CTR 4940 EASTERN AVENUE 0ALTIMORE, MD 21224 PRDVIDER ND: 210029	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMD TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NDNPROFIT INTERMEDIARY: 00190 CRDSS-REFER NO:21230S	HCFA REOIDN: 03 TDTAL STATIONS: 027 RENAL NETWDRK: 31 PHDNE:(301)396-9067
MARYLAND GEN HDSP-DIALYSIS CTR 027 LINDEN AVE BALTIMORE, MD 21201 PROVIDER NO: 21003B	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMD PERI SELF-CARE: PERI TRAININO: PERI CAPD	DATE APPROVED: 090177 DWNERSHIP: NDNPRDFIT INTERMEDIARY: 00190 CRDSS-REFER ND:212304	HCFA REOIDN: 03 TDTAL STATIDNS: 006 RENAL NETWDRK: 31 PHONE:(301)728-7900
GOOD SAMARITAN HDSP-ESRD S601 LOCH RAVEN 0LVD 0ALTIMORE, MD 21239 PROVIDER NO: 2100S6	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAININO: PERI CAPD CCPD	DATE APPRDVED: 070178 OWNERSHIP: NDNPROFIT INTERMEDIARY: 00190 CRDSS-REFER NO:212306	HCFA REOIDN: 03 TDTAL STATIONS: 020 RENAL NETWDRK: 31 PHDNE:(301)323-2200
MASON F LORD DIALYSIS UNIT 4940 EASTERN AVE BALTIMORE, MD 21224 PROVIDER NO: 210902	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMD PERI SELF-CARE: TRAININO:	DATE APPROVED: 090177 DWNERSHIP: NDNPROFIT INTERMEDIARY: 00190 CROSS-REFER NO:212303	HCFA REOIDN: 03 TOTAL STATIONS: 012 RENAL NETWORK: 31 PHDNE:(*)-
LOUIS J KDLDDNER DIALYSIS UNIT 803 NORTH EUTAW STREET BALTIMORE, MD 21201 PRDVIDER NO: 212S04	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMD SELF-CARE: HEMO TRAININO: HEMO	DATE APPRDVED: 090177 DWNERSHIP: PRDFIT INTERMEDIARY: 00190 CRDSS-REFER NO:	HCFA REOIDN: 03 TDTAL STATIONS: 022 RENAL NETWDRK: 31 PHONE:(301)728-8877
ROTUNDA CTR FOR INDEPENDENT DIALYSIS 733 W 40TH ST RM 101 BALTIMORE, MD 21211 PROVIDER NO: 212S13	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAININO: HEMO PERI CAPD CCPD	DATE APPROVED: 041681 OWNERSHIP: NONPROFIT INTERMEDIARY: 00190 CRDSS-REFER ND:	HCFA REOIDN: 03 TOTAL STATIONS: 010 RENAL NETWDRK: 31 PHDNE:(301)366-6400
UNIV SQUARE-DIALYSIS FACILITY 11 S. PACA ST 0ALTIMORE, MD 21201 PROVIDER ND: 212S1S	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO: PERI CAPD CCPD	DATE APPRDVED: 021782 OWNERSHIP: PROFIT INTERMEDIARY: 00190 CROSS-REFER ND:	HCFA REOIDN: 03 TOTAL STATIDNS: 02S RENAL NETWORK: 31 PHONE:(301)S28-S720

STATE=MARYLAND CONTINUED

CHESAPEAKE-KEY DIALYSIS FACILITY 4940 EASTERN AVE-COMM SERV CTR BALTIMORE, MD 21224 PROVIDER NO: 212521	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: PERI SELF-CARE: PERI TRAINING: PERI	DATE APPROVED: 111385 OWNERSHIP: NONPROFIT INTERMEDIARY: 00190 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 002 RENAL NETWORK: 31 PHONE:(301)342-7300
ODWNTOWN DIALYSIS CENTER 822 LINOEN AVE BALTIMORE, MD 21201 PROVIDER NO: 212522	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 102486 OWNERSHIP: PROFIT INTERMEDIARY: 00190 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 024 RENAL NETWORK: 31 PHONE:(301)225-8480
WHITE SQUARE DIALYSIS CENTER 9105 FRANKLIN SQUARE DR BALTIMORE, MD 21237 PROVIDER NO: 212523	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO	DATE APPROVED: 121686 OWNERSHIP: NONPROFIT INTERMEDIARY: 00190 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 011 RENAL NETWORK: 31 PHONE:(301)955-0614
BON SECOURS DIAL CTR-CHARIND CROSS 5208 OALTIMORE NATL PIKE DALTIMORE, MD 21229 PROVIDER NO: 212525	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 022787 OWNERSHIP: NONPROFIT INTERMEDIARY: 00190 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 012 RENAL NETWORK: 31 PHONE:(301)747-9356
NORTHWEST DIALYSIS CNTR 2435 W DELVEDERE AVE DALTIMORE, MO 21215 PROVIDER NO: 212527	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 050187 OWNERSHIP: PROFIT INTERMEDIARY: 00190 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 012 RENAL NETWORK: 31 PHONE:(301)664-0700
COMMUNITY DIALYSIS SVCS. 10770 BALTIMORE AVE BELTSVILLE, MD 20705 PROVIDER NO: 212529	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 061187 OWNERSHIP: PROFIT INTERMEDIARY: 00190 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 010 RENAL NETWORK: 31 PHONE:(301)595-0263
OCEAN CITY DIALYSIS SERVICES, INC. RTS 50 & 113 S,RT 3 DDX 12 BERLIN, MD 21811 PROVIDER NO: 212520	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 101485 OWNERSHIP: PROFIT INTERMEDIARY: 00190 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 003 RENAL NETWORK: 31 PHONE:(301)641-4747
BIO-MEDICAL APPLICATIONS OF WASHINGTON 4905 OEL RAY AVE BETHESDA, MD 20814 PROVIDER NO: 212503	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 00080 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 031 RENAL NETWORK: 31 PHONE:(301)652-2552
CATONSVILLE DIALYSIS CENTER 720 MAIDEN CHOICE LANE CATONSVILLE, MD 21228 PROVIDER NO: 212528	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 060187 OWNERSHIP: PROFIT INTERMEDIARY: 00190 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 000 RENAL NETWORK: 31 PHONE:(301)744-7900
PRINCE GEORGES GENERAL HOSPITAL I HOSPITAL DR CHEVERLY, MD 20785 PROVIDER NO: 210003	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 061182 OWNERSHIP: NONPROFIT INTERMEDIARY: 00080 CROSS-REFER NO:212311	HCFA REGION: 03 TOTAL STATIONS: 008 RENAL NETWORK: 31 PHONE:(301)341-2100
HOWARD COUNTY DIALYSIS FACILITY 10185 LITTLE PATUXENT PARKWAY COLUMBIA, MD 21044 PROVIDER NO: 212516	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: PERI CAPD CCPD	DATE APPROVED: 102582 OWNERSHIP: PROFIT INTERMEDIARY: 00190 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 009 RENAL NETWORK: 31 PHONE:(301)997-4244

STATE=MARYLAND CONTINUED

MEMORIA HOSP : MEDICAL CTR CUMBERLAND 600 MEMORIAL AVE CUMBERLAND, MD 21502 PROVIDER NO: 210025	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00190 CROSS-REFER NO:212302	HCFA REGION: 03 TOTAL STATIONS: 009 RENAL NETWORK: 31 PHONE:(301)774-4000
MID-SHORE DIALYSIS CTR RTE 3 BOX 107 DUTCHMAN'S LANE EASTON, MD 21601 PROVIDER NO: 212512	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 010281 OWNERSHIP: PROFIT INTERMEDIARY: 00190 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 016 RENAL NETWORK: 31 PHONE:(301)822-9114
CHESAPEAKE KIDNEY CTR ELKTON 306 W PULASKI HGWY ELKTON, MD 21921 PROVIDER NO: 212526	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 040187 OWNERSHIP: PROFIT INTERMEDIARY: 00190 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 011 RENAL NETWORK: 31 PHONE:(301)398-4351
FREDERICK DIALYSIS CENTER 186 THOMAS JOHNSON DR-SUITE 100 FREDERICK, MD 21701 PROVIDER NO: 212518	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 050784 OWNERSHIP: PROFIT INTERMEDIARY: 52280 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 006 RENAL NETWORK: 31 PHONE:(301)424-3633
DON SECOURS DIALYSIS CENTER 120 N LANGLEY RD GLEN BURNIE, MD 21061 PROVIDER NO: 212519	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 021185 OWNERSHIP: NONPROFIT INTERMEDIARY: 00190 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 011 RENAL NETWORK: 31 PHONE:(301)760-7100
WESTERN MARYLAND CENTER 1500 PENNSYLVANIA AVE HAGERSTOWN, MD 21740 PROVIDER NO: 212507	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00190 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 016 RENAL NETWORK: 31 PHONE:(301)791-4400
METROPOLITAN DIALYSIS CENTER 3311 TOLEDO HYATTSVILLE, MD 20782 PROVIDER NO: 212524	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 021387 OWNERSHIP: PROFIT INTERMEDIARY: 00190 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 010 RENAL NETWORK: 31 PHONE:(301)853-2980
CHESAPEAKE KIDNEY CENTER 626 TOWNE CENTER DRIVE JOPPATOWN, MD 21085 PROVIDER NO: 212517	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 062083 OWNERSHIP: PROFIT INTERMEDIARY: 00190 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 010 RENAL NETWORK: 31 PHONE:(301)679-1600
KIDNEY CENTER 1300 MERCANTILE LN LANDOVER, MD 20785 PROVIDER NO: 212530	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI	DATE APPROVED: 070687 OWNERSHIP: PROFIT INTERMEDIARY: 00080 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 024 RENAL NETWORK: 31 PHONE:(301)925-4100
DOCTORS HOSP OF PRINCE GEORGES CO 8118 GOOD LUCK RD LANHAM, MD 20706 PROVIDER NO: 210051	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 012280 OWNERSHIP: PROFIT INTERMEDIARY: 00080 CROSS-REFER NO:212307	HCFA REGION: 03 TOTAL STATIONS: 013 RENAL NETWORK: 31 PHONE:(301)552-9400
DMA OF LAUREL 9011 MALLARD DR #106 LAUREL, MD 20708 PROVIDER NO: 212506	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 00080 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 008 RENAL NETWORK: 31 PHONE:(301)953-3070

STATE=MARYLAND CONTINUED

CENTRAL MARYLAND KIDNEY CENTER 1010 POT SPRINOS RO LUTHERVILLE, MO 21093 PROVIOER NO: 212514	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO: HEMO CAPD	DATE APPROVED: 070701 OWNERSHIP: PROFIT INTERMEOIARY: 00190 CROSS-REFER NO:	HCFA REOION: 03 TOTAL STATIONS: 010 RENAL NETWORK: 31 PHONE:(301)620-62II
OMA OF NEW MARKET NEW MARKET PLAZA RR4 8OX 262 MECHANICSVILLE, MO 206S9 PROVIDER NO: 212510	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO: HEMO CAPD CCPO	DATE APPROVED: 011100 OWNERSHIP: PROFIT INTERMEDIARY: 00080 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 009 RENAL NETWORK: 31 PHONE:(301)070-2174
SHADY OROVE DIALYSIS CENTER 1491S 8ROSCHART RD #1002 ROCKVILLE, MO 20850 PROVIDER NO: 212511	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAININO: HEMO CAPO CCPD	DATE APPROVED: 033100 OWNERSHIP: PROFIT INTERMEDIARY: S2200 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 008 RENAL NETWORK: 31 PHONE:(30I)926-0400
DEERS HEAD CENTER RENAL DIALYSIS PO 80X 2010 SALIS8URY, MO 21801 PROVIDER NO: 212508	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININO: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00190 CROSS-REFER NO:	HCFA REOION: 03 TOTAL STATIONS: 010 RENAL NETWORK: 31 PHONE:(301)742-2I64
HOLY CROSS HOSPITAL 1SOO FOREST OLEN ROAO SILVER SPRINO, MO 20910 PROVIDER NO: 210004	FACILITY TYPE: OIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAININO: HEMO PERI CAPD CCPD	DATE APPROVED: 012601 OWNERSHIP: NONPROFIT INTERMEDIARY: S2280 CROSS-REFER NO:212310	HCFA REOION: 03 TOTAL STATIONS: 010 RENAL NETWORK: 31 PHONE:(30I)56S-13S6
8MA OF CAMP SPRINOS 4700 AUTH PLACE #200 SUITLANO, MO 20746 PROVIDER NO: 212501	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAININO: HEMO PERI CAPD CCPD	DATE APPROVEO: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 00080 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 031 RENAL NETWORK: 31 PHONE:(301)423-56S0

STATE=MASSACHUSETTS

N. SHORE REGIONAL KIONEY OIALYSIS CTR HERRICK & HEATHER STS BEVERLY, MA 0191S PROVIOER NO: 220033	FACILITY TYPE: OIALYSIS CENTER STAFF-ASSISTEO: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPO	OATE APPROVEO: 080S77 OWNERSHIP: NONPROFIT INTERMEOIARY: 00200 CROSS-REFER NO:222302	HCFA REOION: 01 TOTAL STATIONS: 018 RENAL NETWORK: 28 PHONE:(617)922-3000
UNIVERSITY HOSP 7S E NEWTON ST 8OSTON, MA 02118 PROVIOER NO: 220031	FACILITY TYPE: TRANSPLANT/OIALYSIS CTR STAFF-ASSISTEO: HEMO SELF-CARE: TRAININO: HEMO PERI CAPO CCPO	OATE APPROVEO: 090177 OWNERSHIP: NONPROFIT INTERMEOIARY: 00200 CROSS-REFER NO:222301	HCFA REOION: 01 TOTAL STATIONS: 004 RENAL NETWORK: 28 PHONE:(617)247-53S2
MASSACHUSETTS GENERAL HOSP FRUIT ST BOSTON, MA 02114 PROVIOER NO: 220071	FACILITY TYPE: TRANSPLANT/OIALYSIS CTR STAFF-ASSISTEO: HEMO SELF-CARE: TRAININO: PERI CAPO CCPO	OATE APPROVEO: 083177 OWNERSHIP: NONPROFIT INTERMEOIARY: 00200 CROSS-REFER NO:222305	HCFA REOION: 01 TOTAL STATIONS: 006 RENAL NETWORK: 28 PHONE:(617)726-2000
BETH ISRAEL HOSP 330 BROOKLINE AVE BOSTON, MA 0221S PROVIOER NO: 220086	FACILITY TYPE: TRANSPLANT/OIALYSIS CTR STAFF-ASSISTEO: HEMO SELF-CARE: TRAINING: HEMO PERI CAPO	OATE APPROVEO: 090177 OWNERSHIP: NONPROFIT INTERMEOIARY: 00200 CROSS-REFER NO:222308	HCFA REOION: 01 TOTAL STATIONS: 010 RENAL NETWORK: 28 PHONE:(617)735-2147
BRIGHAM & WOMEN'S HOSP 7S FRANCIS ST BOSTON, MA 0211S PROVIOER NO: 220110	FACILITY TYPE: TRANSPLANT/OIALYSIS CTR STAFF-ASSISTEO: HEMO PERI SELF-CARE: TRAINING: PERI CAPO CCPO	OATE APPROVEO: 080S77 OWNERSHIP: NONPROFIT INTERMEOIARY: 00200 CROSS-REFER NO:222309	HCFA REOION: 01 TOTAL STATIONS: 010 RENAL NETWORK: 2B PHONE:(617)732-66SS
NEW ENGLAND MEO CTR HOSP 171 HARRISON AVE BOSTON, MA 02111 PROVIOER NO: 220116	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTEO: SELF-CARE: TRAININO:	OATE APPROVEO: 100786 OWNERSHIP: NONPROFIT INTERMEOIARY: 00200 CROSS-REFER NO:222310	HCFA REOION: 01 TOTAL STATIONS: 000 RENAL NETWORK: 2B PHONE:(617)9S5-S930
NEW ENGLAND OEACONESS HOSP 18S PILGRIM RO BOSTON, MA 0221S PROVIOER NO: 22011B	FACILITY TYPE: TRANSPLANT/OIALYSIS CTR STAFF-ASSISTEO: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPO CCPO	OATE APPROVEO: 081177 OWNERSHIP: NONPROFIT INTERMEOIARY: 00200 CROSS-REFER NO:222311	HCFA REOION: 01 TOTAL STATIONS: 012 RENAL NETWORK: 28 PHONE:(517)732-7000
THE CHILORENS HOSPITAL 300 LONOWOOO AVE BOSTON, MA 0211S PROVIOER NO: 220122	FACILITY TYPE: TRANSPLANT/OIALYSIS CTR STAFF-ASSISTEO: HEMO PERI SELF-CARE: TRAINING: PERI CAPO	OATE APPROVEO: 080S77 OWNERSHIP: NONPROFIT INTERMEOIARY: 00200 CROSS-REFER NO:222312	HCFA REOION: 01 TOTAL STATIONS: 006 RENAL NETWORK: 28 PHONE:(617)735-5000
KIONEY CENTER 10SS COMMONWEALTH AVE BOSTON, MA 0221S PROVIOER NO: 222S00	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAINING: HEMO PERI CAPO CCPO	OATE APPROVEO: 080577 OWNERSHIP: PROFIT INTERMEOIARY: 00200 CROSS-REFER NO:	HCFA REOION: 01 TOTAL STATIONS: 044 RENAL NETWORK: 28 PHONE:(617)2S4-9100
8MA OF 8OSTON 2110 OORCHESTER AVE-SETON MEO BL 8OSTON, MA 02124 PROVIOER NO: 222S06	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAININO: HEMO	DATE APPROVEO: 010183 OWNERSHIP: PROFIT INTERMEOIARY: 00200 CROSS-REFER NO:	HCFA REOION: 01 TOTAL STATIONS: 011 RENAL NETWORK: 28 PHONE:(517)S22-B110
OIALYSIS CLINIC INC 2SO TREMONT ST BOSTON, MA 02111 PROVIOER NO: 222S08	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAININO:	OATE APPROVEO: 0929B6 OWNERSHIP: NONPROFIT INTERMEOIARY: 00200 CROSS-REFER NO:	HCFA REOION: 01 TOTAL STATIONS: 00S RENAL NETWORK: 28 PHONE:(617)9S6-6389

STATE=MASSACHUSETTS CONTINUED

ST ELIZABETH'S HOSP 736 CAMBRIDGE ST BRIGHTON, MA 02136 PROVIDER NO: 220036	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 081777 OWNERSHIP: NONPROFIT INTERMEDIARY: 00200 CROSS-REFER NO:222303	HCFA REGION: 01 TOTAL STATIONS: 009 RENAL NETWORK: 28 PHONE:(617)782-7000
BROCKTON DIALYSIS CENTER 376 WESTGATE DRIVE BROCKTON, MA 02401 PROVIDER NO: 222506	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 031681 OWNERSHIP: PROFIT INTERMEDIARY: 00200 CROSS-REFER NO:	HCFA REGION: 01 TOTAL STATIONS: 025 RENAL NETWORK: 28 PHONE:(617)586-2791
MARY & ARTHUR CLAPHAM HOSP-ESRD 41 MALL RD BURLINGTON, MA 01803 PROVIDER NO: 220171	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 022184 OWNERSHIP: NONPROFIT INTERMEDIARY: 00200 CROSS-REFER NO:222313	HCFA REGION: 01 TOTAL STATIONS: 006 RENAL NETWORK: 28 PHONE:(617)273-5100
BURBANK HOSPITAL DIALYSIS UNIT NICHOLS ROAD FITCHBURG, MA 01420 PROVIDER NO: 220001	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 082887 OWNERSHIP: NONPROFIT INTERMEDIARY: 00200 CROSS-REFER NO:222317	HCFA REGION: 01 TOTAL STATIONS: 005 RENAL NETWORK: 28 PHONE:(617)343-5000
BMA OF FRAMINGHAM 223 WALNUT ST FRAMINGHAM, MA 01701 PROVIDER NO: 222504	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 052780 OWNERSHIP: PROFIT INTERMEDIARY: 00200 CROSS-REFER NO:	HCFA REGION: 01 TOTAL STATIONS: 014 RENAL NETWORK: 28 PHONE:(617)879-4144
FRANKLIN MEDICAL CTR. 164 HIGH ST GREENFIELD, MA 01301 PROVIDER NO: 220016	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 103181 OWNERSHIP: NONPROFIT INTERMEDIARY: 51220 CROSS-REFER NO:222314	HCFA REGION: 01 TOTAL STATIONS: 006 RENAL NETWORK: 28 PHONE:(413)772-0211
HOPEDALE DIALYSIS CENTER 54 HOPEDALE ST HOPEDALE, MA 02135 PROVIDER NO: 222509	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI	DATE APPROVED: 041687 OWNERSHIP: PROFIT INTERMEDIARY: 00200 CROSS-REFER NO:	HCFA REGION: 01 TOTAL STATIONS: 010 RENAL NETWORK: 28 PHONE:(617)478-8923
ST JOSEPHS HOSP 220 PAWTUCKET ST LOWELL, MA 01854 PROVIDER NO: 220045	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00200 CROSS-REFER NO:222304	HCFA REGION: 01 TOTAL STATIONS: 009 RENAL NETWORK: 28 PHONE:(617)453-1761
TRI-CITY DIALYSIS CENTER 29 FOREST ST MEDFORD, MA 02155 PROVIDER NO: 222507	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: PERI CAPD CCPD	DATE APPROVED: 072485 OWNERSHIP: PROFIT INTERMEDIARY: 00200 CROSS-REFER NO:	HCFA REGION: 01 TOTAL STATIONS: 010 RENAL NETWORK: 28 PHONE:(*)-
MERRIMACK SATELLITE UNIT 21 UNION ST EXTENSION MERRIMAC, MA 01860 PROVIDER NO: 223500	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 011182 OWNERSHIP: NONPROFIT INTERMEDIARY: 00200 CROSS-REFER NO:	HCFA REGION: 01 TOTAL STATIONS: 008 RENAL NETWORK: 28 PHONE:(617)346-9753
NANTUCKET COTTAGE HOSPITAL ESRD SOUTH PROSPECT ST NANTUCKET, MA 02554 PROVIDER NO: 220081	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 103183 OWNERSHIP: NONPROFIT INTERMEDIARY: 00200 CROSS-REFER NO:222315	HCFA REGION: 01 TOTAL STATIONS: 001 RENAL NETWORK: 28 PHONE:(617)228-1200

STATE=MASSACHUSETTS CONTINUED

SOUTHEASTERN MASS DIALYSIS CENTER 1215 PURCHASE ST NEW BEDFORD, MA 02740 PROVIDER NO: 222503	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 051979 OWNERSHIP: NONPROFIT INTERMEDIARY: 00200 CROSS-REFER NO:	HCFA REGION: 01 TOTAL STATIONS: 012 RENAL NETWORK: 20 PHONE:(617)994-9692
BERKSHIRE MEDICAL CENTER 725 NORTH STREET PITTSFIELD, MA 01201 PROVIDER NO: 220046	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: HEMO PERI CAPD CCPD	DATE APPROVED: 012478 OWNERSHIP: NONPROFIT INTERMEDIARY: 51220 CROSS-REFER NO:222305	HCFA REGION: 01 TOTAL STATIONS: 010 RENAL NETWORK: 20 PHONE:(413)499-4161
BAYSTATE MEDICAL CENTER 759 CHESTNUT ST SPRINGFIELD, MA 01199 PROVIDER NO: 220077	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: HEMO CAPD CCPD	DATE APPROVED: 080177 OWNERSHIP: NONPROFIT INTERMEDIARY: 51220 CROSS-REFER NO:222307	HCFA REGION: 01 TOTAL STATIONS: 007 RENAL NETWORK: 20 PHONE:(413)787-4370
BMA OF SPRINDFIELD 2000 MAIN ST SPRINGFIELD, MA 01103 PROVIDER NO: 222502	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 081077 OWNERSHIP: PROFIT INTERMEDIARY: 51070 CROSS-REFER NO:	HCFA REGION: 01 TOTAL STATIONS: 032 RENAL NETWORK: 20 PHONE:(413)739-5601
MEMORIAL HOSP 119 BELMONT ST WORCESTER, MA 01605 PROVIDER NO: 220026	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININD: HEMO PERI CAPD	DATE APPROVED: 081077 OWNERSHIP: NONPROFIT INTERMEDIARY: 51220 CROSS-REFER NO:222300	HCFA REGION: 01 TOTAL STATIONS: 017 RENAL NETWORK: 20 PHONE:(617)793-6611
UNIV OF MASS TEACHING HOSPITAL 55 LAKE AVENUE NORTH WORCESTER, MA 01605 PROVIDER NO: 220163	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAININD:	DATE APPROVED: 100287 OWNERSHIP: NONPROFIT INTERMEDIARY: 00200 CROSS-REFER NO:222316	HCFA REGION: 01 TOTAL STATIONS: 000 RENAL NETWORK: 20 PHONE:( ) -
CAPE COD ARTIFICIAL KIDNEY CENTER 241 WILLOW STREET YARMOUTH, MA 02675 PROVIDER NO: 222501	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: HEMO PERI CAPD CCPD	DATE APPROVED: 081577 OWNERSHIP: PROFIT INTERMEDIARY: 00200 CROSS-REFER NO:	HCFA REGION: 01 TOTAL STATIONS: 016 RENAL NETWORK: 20 PHONE:(617)362-4535

STATE=MICHIGAN

ORATIDT COMMUNITY HOSPITAL 300 6DUTH WARWICK DRIVE ALMA, MI 4B8D1 PRDVIDER NO: 230D30	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININO: HEMO CAPD	DATE APPROVED: 090177 DWNERSHIP: NONPROFIT INTERMEDIARY: 00210 CROSS-REFER NO:232307	HCFA REDION: 0S TOTAL STATIONS: 010 RENAL NETWORK: 14 PHONE:(517)463-1101
UNIVERSITY HOSPITAL 1600 E MEDICAL CENTER ANN ARBOR, MI 48109 PRDVIDER NO: 230046	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININO: HEMO PERI CAPO	DATE APPROVED: 090177 DWNERSHIP: NONPROFIT INTERMEDIARY: 0021D CROSS-REFER NO:232309	HCFA REGION: 0S TOTAL STATIONS: 00S RENAL NETWORK: 14 PHONE:(313)763-3100
VA MEDICAL CENTER 221S FULLER RD ANN ARDOR, MI 48106 PRDVIDER NO: 23011F	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAININO: HEMO CAPD	DATE APPRDVED: 093D79 OWNERSHIP: NONPROFIT INTERMEDIARY: 00080 CROSS-REFER NO:232317	HCFA REGION: DS TOTAL STATIONS: 012 RENAL NETWORK: 14 PHDNE:(313)769-7100
ST JDSEPH MERCY HOSPITAL P D BDK 995 53D1 E HURON RIVER D ANN ARBOR, MI 48106 PRDVIDER NO: 230156	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: HEMO CAPD	DATE APPROVED: 09D177 OWNERSHIP: NONPROFIT INTERMEDIARY: 0D210 CROSS-REFER NO:232325	HCFA REGION: 0S TOTAL STATIONS: 004 RENAL NETWORK: 14 PHONE:(313)S72-34S6
COMMUNITY HOSPITAL ASS OF BATTLE 103 WEST STREET BATTLE CREEK, MI 49016 PRDVIDER NO: 230102	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAININO:	DATE APPROVED: 110177 OWNERSHIP: NONPROFIT INTERMEDIARY: 5D230 CROSS-REFER NO:232329	HCFA REDION: 0S TOTAL STATIONS: 006 RENAL NETWORK: 14 PHONE:(616)963-SS21
MERCY HOSP DIV SW MI HLTH CARE ASSOC 960 ADARD ST BENTDN HARBDR, MI 49022 PROVIDER ND: 23D021	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAININO:	DATE APPROVED: D90177 OWNERSHIP: NDNPROFIT INTERMEDIARY: 00210 CROSS-REFER NO:232304	HCFA REGION: 0S TOTAL STATIONS: 01D RENAL NETWORK: 14 PHONE:(616)927-S326
MERCY HOSPITAL 400 HOBART ST CADILLAC, MI 49601 PRDVIDER ND: 230081	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININD: HEMO PERI CAPD	DATE APPROVED: 032480 DWNERSHIP: NONPROFIT INTERMEDIARY: SD230 CRDSS-REFER NO:	HCFA REGION: 0S TOTAL STATIONS: 00S RENAL NETWDRK: 14 PHONE:(616)77S-1331
WESTERN NEPHRDLDDY SERVICES INC 274 EAST CHICAOO AVE COLDWATER, MI 49036 PRDVIDER NO: 232S0B	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININD:	DATE APPRDVED: 110184 OWNERSHIP: PROFIT INTERMEDIARY: 0021D CROSS-REFER NO:	HCFA REGION: 0S TOTAL STATIONS: 006 RENAL NETWORK: 14 PHONE:(616)383-482S
CRYSTAL FALLS CDMM HOSP MICHIOAN AVE AND 3RD ST CRYSTAL FALLS, MI 4992D PRDVIDER NO: 230194	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAININO:	DATE APPROVED: 090177 DWNERSHIP: NONPROFIT INTERMEDIARY: D0210 CROSS-REFER NO:232326	HCFA REDION: 0S TOTAL STATIONS: 003 RENAL NETWORK: 07 PHONE:(906)87S-6661
DREENFIELD HEALTH SYSTEMS CORP 19401 HUBBARD DR DEARBORN, MI 48126 PROVIOER NO: 232507	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAININO: HEMO CAPO	DATE APPROVED: 101783 DWNERSHIP: NONPROFIT INTERMEDIARY: 0D210 CROSS-REFER NO:	HCFA REGION: 0S TOTAL STATIONS: 018 RENAL NETWORK: 14 PHONE:(313)S93-8100
MT CARMEL MERCY HOSPITAL AND MED CTR 6071 W OUTER DR DETROIT, MI 48235 PROVIDER NO: 230039	FACILITY TYPE: TRANSPLANT/OIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININO: HEMO PERI CAPD	DATE APPROVEO: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00210 CROSS-REFER NO:232308	HCFA REGION: 0S TOTAL STATIONS: 013 RENAL NETWORK: 14 PHONE:(313)927-7000

STATE=MICHIGAN CONTINUED

HENRY FORD HOSPITAL 2799 W GRAND BLVD DETROIT, MI 48202 PROVIDER NO: 230053	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 101783 OWNERSHIP: NONPROFIT INTERMEDIARY: 00210 CROSS-REFER NO:232310	HCFA REGION: 05 TOTAL STATIONS: 000 RENAL NETWORK: 14 PHONE:(313)876-7085
HUTZEL HOSPITAL 4707 ST ANTOINE DETROIT, MI 48201 PROVIDER NO: 230076	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 122284 OWNERSHIP: NONPROFIT INTERMEDIARY: 00210 CROSS-REFER NO:232313	HCFA REGION: 05 TOTAL STATIONS: 000 RENAL NETWORK: 14 PHONE:(313)494-7145
SAMARITAN HEALTH CENTER SSSS CONNERS ST DETROIT, MI 48213 PROVIDER NO: 230147	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00210 CROSS-REFER NO:232323	HCFA REGION: 05 TOTAL STATIONS: 000 RENAL NETWORK: 14 PHONE:(313)824-3430
SAINT JOHN HOSP 22101 MOROSS RD DETROIT, MI 48236 PROVIDER NO: 230165	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 090380 OWNERSHIP: NONPROFIT INTERMEDIARY: 00210 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 000 RENAL NETWORK: 14 PHONE:(313)343-4000
BIO-MEDICAL APPLICATION OF DETROIT 4727 ST ANTOINE DETROIT, MI 48201 PROVIDER NO: 232500	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 00210 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 043 RENAL NETWORK: 14 PHONE:(313)831-2510
ST CLAIR RENAL CENTER CORP 22151 MOROSS RD SUITE 605 DETROIT, MI 48236 PROVIDER NO: 232503	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 041679 OWNERSHIP: PROFIT INTERMEDIARY: 00210 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 016 RENAL NETWORK: 14 PHONE:(313)343-3996
GREENFIELD HEALTH SYSTEMS CORP-ESRD 2799 W GRAND BLVD DETROIT, MI 48202 PROVIDER NO: 232505	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 101783 OWNERSHIP: NONPROFIT INTERMEDIARY: 00210 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 027 RENAL NETWORK: 14 PHONE:(313)876-7060
DEACONESS/SAMARITAN RENAL CTR 10201 E JEFFERSON DETROIT, MI 48207 PROVIDER NO: 233503	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 010281 OWNERSHIP: NONPROFIT INTERMEDIARY: 00210 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 024 RENAL NETWORK: 14 PHONE:(313)824-3430
CHILDRENS HOSP OF MICHIGAN 3901 BEAUBIEN DETROIT, MI 48201 PROVIDER NO: 233300	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: PERI CAPD	DATE APPROVED: 100183 OWNERSHIP: NONPROFIT INTERMEDIARY: 00210 CROSS-REFER NO:232328	HCFA REGION: 05 TOTAL STATIONS: 008 RENAL NETWORK: 14 PHONE:(313)494-5301
HURLEY MEDICAL CENTER 1 HURLEY PLAZA FLINT, MI 48502 PROVIDER NO: 230132	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00210 CROSS-REFER NO:232322	HCFA REGION: 05 TOTAL STATIONS: 043 RENAL NETWORK: 14 PHONE:(313)766-0000
ST MARYS HOSP 200 JEFFERSON ST SE GRAND RAPIDS, MI 49503 PROVIDER NO: 230059	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 50230 CROSS-REFER NO:232312	HCFA REGION: 05 TOTAL STATIONS: 035 RENAL NETWORK: 14 PHONE:(616)774-6090

STATE=MICHIOAN CONTINUEO

OETROIT OSTEO HOSP 12523 3RO AVE HIONLANO PARK, MI 48203 PROVIOER NO: 230150	FACILITY TYPE: OIALYSIS CENTER STAFF-ASSISTEO: HEMO SELF-CARE: TRAININO: HEMO	OATE APPROVEO: 090177 OWNERSHIP: NONPROFIT INTERMEOIARY: 00210 CROSS-REFER NO:232324	HCFA REOION: 05 TOTAL STATIONS: 010 RENAL NETWORK: 14 PHONE:(313)968-2800
VA MEOICAL CENTER EAST H STREET IRON MOUNTAIN, MI 49801 PROVIOER NO: 23005F	FACILITY TYPE: OIALYSIS CENTER STAFF-ASSISTEO: HEMO SELF-CARE: TRAININO: HEMO	OATE APPROVEO: 030682 OWNERSHIP: NONPROFIT INTERMEOIARY: 00080 CROSS-REFER NO:232331	HCFA REGION: 05 TOTAL STATIONS: 003 RENAL NETWORK: 07 PHONE:(906)774-3300
COMMUNITY OIALYSIS SVCS OF JACKSON 200 6 EAST JACKSON, MI 49201 PROVIOER NO: 232504	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO PERI SELF-CARE: TRAININO: PERI CAPO	OATE APPROVEO: 121780 OWNERSHIP: PROFIT INTERMEOIARY: 00210 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 007 RENAL NETWORK: 14 PHONE:(517)788-8727
BRONSON METHOOIST HOSPITAL 252 EA6T LOVELL 6TREET KALAMAZOO, MI 49007 PROVIOER NO: 230017	FACILITY TYPE: OIALYSIS CENTER STAFF-ASSISTEO: HEMO PERI SELF-CARE: HEMO TRAININO: HEMO PERI CAPO	OATE APPROVEO: 090177 OWNERSHIP: NONPROFIT INTERMEOIARY: 00210 CROSS-REFER NO:232303	HCFA REGION: 05 TOTAL STATIONS: 010 RENAL NETWORK: 14 PHONE:(616)383-7654
BORDESS MEO CTR 1521 OULL ROAO KALAMAZOO, MI 49001 PROVIOER NO: 230117	FACILITY TYPE: TRANSPLANT/OIALYSIS CTR STAFF-ASSISTEO: HEMO SELF-CARE: TRAININO: HEMO CAPO	OATE APPROVEO: 090177 OWNERSHIP: NONPROFIT INTERMEOIARY: 00210 CROSS-REFER NO:232318	HCFA REOION: 05 TOTAL STATIONS: 019 RENAL NETWORK: 14 PHONE:(616)383-4825
EOWARO W SPARROW HOSIPAL 1215 E MICHIOAN AVENUE LANSINO, MI 48911 PROVIOER NO: 230230	FACILITY TYPE: TRANSPLANT/OIALYSIS CTR STAFF-ASSISTEO: HEMO PERI SELF-CARE: HEMO PERI TRAININO: HEMO PERI CAPO	OATE APPROVEO: 010183 OWNERSHIP: NONPROFIT INTERMEOIARY: 00210 CROSS-REFER NO:232327	HCFA REOION: 05 TOTAL STATIONS: 020 RENAL NETWORK: 14 PHONE:(517)487-6111
ST MARY HOSPITAL 36475 FIVE MILE ROAO LIVONIA, MI 48154 PROVIOER NO: 230002	FACILITY TYPE: OIALYSIS CENTER STAFF-ASSISTEO: HEMO PERI SELF-CARE: TRAININO: HEMO PERI CAPO	OATE APPROVEO: 090177 OWNERSHIP: NONPROFIT INTERMEOIARY: 00210 CROSS-REFER NO:232301	HCFA REGION: 05 TOTAL STATIONS: 007 RENAL NETWORK: 14 PHONE:(612)235-4543
MT CARMEL LIVONIA OIALYSIS CTR 32423 SCHOOLCRAFT RO LIVONIA, MI 48150 PROVIOER NO: 232501	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAININO:	OATE APPROVEO: 090177 OWNERSHIP: PROFIT INTERMEOIARY: 00210 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 015 RENAL NETWORK: 14 PHONE:(313)525-0780
MARQUETTE OENERAL HOSPITAL 420 W MAONETIC ST MARQUETTE, MI 49955 PROVIOER NO: 230054	FACILITY TYPE: OIALYSIS CENTER STAFF-ASSISTEO: HEMO PERI SELF-CARE: HEMO TRAINING: HEMO PERI CAPO	OATE APPROVEO: 090177 OWNERSHIP: NONPROFIT INTERMEOIARY: 00210 CROSS-REFER NO:232330	HCFA REGION: 05 TOTAL STATIONS: 009 RENAL NETWORK: 07 PHONE:(906)225-3266
MOUNT CLEMENS OENERAL HOSPITAL 1000 HARRINOTON BLVO MOUNT CLEMENS, MI 48043 PROVIOER NO: 230227	FACILITY TYPE: OIALYSIS CENTER STAFF-ASSISTEO: HEMO SELF-CARE: TRAININO: CAPO	OATE APPROVEO: 090177 OWNERSHIP: NONPROFIT INTERMEOIARY: 00210 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 005 RENAL NETWORK: 14 PHONE:(313)466-8090
MERCY HOSPITAL 1500 E SHERMAN BOULEVARO MUSKEOON, MI 49443 PROVIOER NO: 230004	FACILITY TYPE: OIALYSIS CENTER STAFF-ASSISTEO: HEMO PERI SELF-CARE: TRAININO: HEMO PERI CAPO CCPO	OATE APPROVEO: 090177 OWNERSHIP: NONPROFIT INTERMEOIARY: 50230 CROSS-REFER NO:232302	HCFA REGION: 05 TOTAL STATIONS: 014 RENAL NETWORK: 14 PHONE:(616)739-9341

STATE=MICHIDAN CONTINUED

NORTHERN MICHIDAN HOSPITALS INC. 416 CONNABLE PETOSKY, MI 4977D PRDVIDER NO: 23D1DS	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININD: HEMD PERI CAPD	DATE APPRDVED: D9D177 DWNERSHIP: NDNPROFIT INTERMEDIARY: DD21D CRDSS-REFER ND:232316	HCFA REDION: 06 TDTAL STATIONS: D13 RENAL NETWDRK: 14 PHDNE:(616)347-7373
ST CLAIR RENAL CENTER 26D3 ELECTRIC, SUITE E PORT HURON, MI 48D6D PROVIDER NO: 232SD9	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD:	DATE APPROVED: 112686 DWNERSHIP: PROFIT INTERMEDIARY: DD21D CROSS-REFER ND:	HCFA REDIDN: D5 TDTAL STATIDNS: 0D3 RENAL NETWDRK: 14 PHDNE:(313)343-3974
WILLIAM BEAUMONT HOSPITAL 36D1 W 13 MILE RDAD ROYAL OAK, MI 48072 PROVIDER NO: 23D13D	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININD: HEMO PERI CAPD	DATE APPRDVED: 09D177 DWNERSHIP: NDNPRDFIT INTERMEDIARY: DD21D CROSS-REFER ND:232321	HCFA REDIDN: DS TOTAL STATIONS: D1S RENAL NETWDRK: 14 PHDNE:(313)288-8DDD
SAGINAW GENERAL HOSPITAL 1447 N HARRISON STREET SAGINAW, MI 486D2 PROVIDER ND: 23D122	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: D9D177 DWNERSHIP: NDNPRDFIT INTERMEDIARY: DD21D CROSS-REFER ND:232319	HCFA REDION: DS TOTAL STATIONS: D21 RENAL NETWDRK: 14 PHDNE:(517)117-44DD
NORTHERN MICHIGAN HDSP-ESRD UNIT 1DS S MADISON TRAVERSE CITY, MI 49684 PRDVIDER NO: 233SD4	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: D21584 DWNERSHIP: PRDFIT INTERMEDIARY: DD21D CRDSS-REFER NO:	HCFA REDIDN: DS TDTAL STATIDNS: 0D4 RENAL NETWDRK: 14 PHDNE:(313)828-S18D
WILLIAM BEAUMONT HDSPITAL 44199 DEQUINDRE TROY, MI 48D98 PROVIDER NO: 23D269	FACILITY TYPE' DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: HEMO CAPD	DATE APPRDVED: D31D8D DWNERSHIP: NDNPRDFIT INTERMEDIARY: DD21D CRDSS-REFER ND:	HCFA REDIDN: D5 TDTAL STATIDNS: D1S RENAL NETWDRK: 14 PHDNE:(313)828-S18D
GREENFIELD HEALTH SYSTEMS CORP 2049 CATTERMOLE DRIVE TROY, MI 48D84 PROVIDER NO: 232SD6	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMD SELF-CARE: HEMO TRAININD: HEMO CAPD	DATE APPROVED: 1D1783 DWNERSHIP: NDNPROFIT INTERMEDIARY: DD21D CROSS-REFER NO:	HCFA REDIDN: DS TDTAL STATIDNS: D22 RENAL NETWDRK: 14 PHDNE:(313)689-62DD
WESTLAND MEDICAL CENTER 234S MERRIMAN RD WESTLAND, MI 48185 PROVIDER NO: 232S1D	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: HEMO CAPD	DATE APPROVED: D92986 DWNERSHIP: NDNPRDFIT INTERMEDIARY: DD21D CRDSS-REFER ND:	HCFA REDIDN: DS TDTAL STATIDNS: D13 RENAL NETWDRK: 14 PHDNE:(313)467-2744
WASHTENAW REGIONAL DIALYSIS CENTER S2DS EAST HURDN RIVER DRIVE YPSILANTI, MI 48197 PROVIDER ND: 232SD2	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD:	DATE APPRDVED: 06D678 DWNERSHIP: PRDFIT INTERMEDIARY: DD21D CROSS-REFER NO:	HCFA REDIDN: DS TDTAL STATIONS: 01S RENAL NETWDRK: 14 PHDNE:(313)434-468D

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NAEVE HEALTH CARE ASSOC 404 FOUNTAIN STREET ALBERT LEA, MN 56007 PROVIDER NO: 240043	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00220 CROSS-REFER NO:242304	HCFA REGION: 05 TOTAL STATIONS: 004 RENAL NETWORK: 07 PHONE:(507)373-1112
REGION KIDNEY DISEASE PROGRAM 3960 COON RAPIDS BLVD,SUITE 309 COON RAPIDS, MN 55433 PROVIDER NO: 243502	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 012584 OWNERSHIP: NONPROFIT INTERMEDIARY: 00220 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 010 RENAL NETWORK: 07 PHONE:(612)347-5823
MILLER-DAWN HOSP MED CTR 502 E 2ND ST DULUTH, MN 55805 PROVIDER NO: 240019	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00220 CROSS-REFER NO:242302	HCFA REGION: 05 TOTAL STATIONS: 020 RENAL NETWORK: 07 PHONE:(218)727-8762
LAKE REGION HOSPITAL 712 SO CASCADE FERGUS FALLS, MN 56537 PROVIDER NO: 240062	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00220 CROSS-REFER NO:242307	HCFA REGION: 05 TOTAL STATIONS: 005 RENAL NETWORK: 07 PHONE:(218)736-5475
MESABI REGIONAL MEDICAL CENTER 750 E 34TH ST HIBBING, MN 55746 PROVIDER NO: 240040	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00220 CROSS-REFER NO:242303	HCFA REGION: 05 TOTAL STATIONS: 007 RENAL NETWORK: 07 PHONE:(218)262-4881
ST GABRIELS HOSPITAL 815 2ND ST SE LITTLE FALLS, MN 56345 PROVIDER NO: 240013	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00220 CROSS-REFER NO:242301	HCFA REGION: 05 TOTAL STATIONS: 014 RENAL NETWORK: 07 PHONE:(612)632-5441
IMMANUEL HOSP/ST JOSEPHS UNIT 325 GARDEN BLVD MANKATO, MN 56001 PROVIDER NO: 240093	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 042081 OWNERSHIP: NONPROFIT INTERMEDIARY: 00220 CROSS-REFER NO:242313	HCFA REGION: 05 TOTAL STATIONS: 006 RENAL NETWORK: 07 PHONE:(507)345-2666
REGIONAL KIDNEY DISEASE PROGRAM 701 PARK AVE MINNEAPOLIS, MN 55415 PROVIDER NO: 240004	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00220 CROSS-REFER NO:242300	HCFA REGION: 05 TOTAL STATIONS: 046 RENAL NETWORK: 07 PHONE:(612)347-5823
UNIVERSITY OF MINNESOTA HOSPITAL 420 DELAWARE ST S.E. MINNEAPOLIS, MN 55455 PROVIDER NO: 240049	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00220 CROSS-REFER NO:242306	HCFA REGION: 05 TOTAL STATIONS: 014 RENAL NETWORK: 07 PHONE:(612)626-6833
METROPOLITAN MEDICAL CENTER 900 S 8TH ST MINNEAPOLIS, MN 55404 PROVIDER NO: 240196	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 080886 OWNERSHIP: NONPROFIT INTERMEDIARY: 00220 CROSS-REFER NO:242312	HCFA REGION: 05 TOTAL STATIONS: 008 RENAL NETWORK: 07 PHONE:(612)347-5823
ROCHESTER METHODIST HOSP 201 W CENTER ST ROCHESTER, MN 55901 PROVIDER NO: 240061	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00220 CROSS-REFER NO:242309	HCFA REGION: 05 TOTAL STATIONS: 009 RENAL NETWORK: 07 PHONE:(507)286-7355

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MAYO ARTIFICIAL KIDNEY COMPLEX 200 FIRST ST SW ROCHESTER, MN 55905 PROVIDER NO: 242500	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 50240 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 022 RENAL NETWORK: 07 PHONE:(507)284-8226
METHODIST HOSPITAL 6500 EXCELSIOR BLVD SAINT LOUIS PARK, MN 55426 PROVIDER NO: 240053	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00220 CROSS-REFER NO:242308	HCFA REGION: 05 TOTAL STATIONS: 028 RENAL NETWORK: 07 PHONE:(612)932-5000
ST PAUL-RAMSEY HOSP 640 JACKSON STREET SAINT PAUL, MN 55101 PROVIDER NO: 240106	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00220 CROSS-REFER NO:242311	HCFA REGION: 05 TOTAL STATIONS: 008 RENAL NETWORK: 07 PHONE:(612)221-3320
ST CLOUD KIDNEY DIALYSIS CENTER 1406 SIXTH AVE NORTH ST CLOUD, MN 56301 PROVIDER NO: 240036	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 040887 OWNERSHIP: NONPROFIT INTERMEDIARY: 00220 CROSS-REFER NO:242316	HCFA REGION: 06 TOTAL STATIONS: 006 RENAL NETWORK: 07 PHONE:(612)251-2700
ST PAUL UNIT-ESRD 555 PARK ST #100 ST PAUL, MN 55103 PROVIDER NO: 243501	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 073081 OWNERSHIP: NONPROFIT INTERMEDIARY: 00220 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 013 RENAL NETWORK: 07 PHONE:(612)347-5823
RICE MEM HOSP 301 BECKER AVE SW WILLMAR, MN 56201 PROVIDER NO: 240080	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00220 CROSS-REFER NO:242310	HCFA REGION: 06 TOTAL STATIONS: 009 RENAL NETWORK: 07 PHONE:(512)235-4543
COMMUNITY MEMORIAL HOSP (ESRD) 855 MANKATO AVENUE WINONA, MN 55987 PROVIDER NO: 240044	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00220 CROSS-REFER NO:242306	HCFA REGION: 05 TOTAL STATIONS: 005 RENAL NETWORK: 07 PHONE:(507)454-3650
WORTHINGTON REGIONAL HOSP ESRD 1018 SIXTH AVE WORTHINGTON, MN 56187 PROVIDER NO: 240022	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 083084 OWNERSHIP: NONPROFIT INTERMEDIARY: 00220 CROSS-REFER NO:242314	HCFA REGION: 05 TOTAL STATIONS: 004 RENAL NETWORK: 07 PHONE:(507)372-2941

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KIDNEY CARE INC 511 N CHURCH ST, P.O. BOX 1962 BROOKHAVEN, MS 39601 PROVIDER NO: 262S06	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD:	DATE APPROVED: 111378 OWNERSHIP: NONPROFIT INTERMEDIARY: 00230 CROSS-REFER NO:	HCFA REDION: 04 TOTAL STATIONS: 012 RENAL NETWORK: 18 PHONE:(601)833-9720
KIDNEY CARE INC 620 PEACE ST CANTON, MS 39046 PROVIDER NO: 2S2S21	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO:	DATE APPROVED: 012387 OWNERSHIP: NONPROFIT INTERMEDIARY: 00230 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 005 RENAL NETWORK: 18 PHONE:(601)987-1005
CENTRAL DIALYSIS INC 1150 E. PEACE ST.TOWER PLAZA #5 CANTON, MS 39046 PROVIDER NO: 262S22	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO:	DATE APPROVED: 032387 OWNERSHIP: PROFIT INTERMEDIARY: 00230 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 009 RENAL NETWORK: 18 PHONE:(601)981-9352
KIDNEY CARE INC 526 THIRD ST CLARKSDALE, MS 38614 PROVIDER NO: 2S2S07	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD:	DATE APPROVED: 050179 OWNERSHIP: NONPROFIT INTERMEDIARY: 00230 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 011 RENAL NETWORK: 18 PHONE:(601)627-4786
KIDNEY CARE INC 2104 STH ST N SUITE 3 COLUMBUS, MS 39701 PROVIDER NO: 2S2SD8	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO:	DATE APPROVED: 062579 OWNERSHIP: NONPROFIT INTERMEDIARY: 00230 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 014 RENAL NETWORK: 18 PHONE:(601)327-9200
NORTH MS DIALYSIS SERVICE 810 ALCORN DR CORINTH, MS 38834 PROVIDER NO: 2S2S18	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD:	DATE APPROVED: 020283 OWNERSHIP: NONPROFIT INTERMEDIARY: 00230 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 005 RENAL NETWORK: 18 PHONE:(601)287-9577
KIDNEY CARE INC GREENVILLE 1317 RAILROAD AVENUE GREENVILLE, MS 38701 PROVIDER NO: 2S2SD9	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD:	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00230 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 027 RENAL NETWORK: 18 PHONE:(601)378-2454
KIDNEY CARE INC GREENWOOD 609 TALLAHATCHIE ST-P.O. BOX 1551 GREENWOOD, MS 38930 PROVIDER NO: 2S2514	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD:	DATE APPROVED: 112282 OWNERSHIP: NONPROFIT INTERMEDIARY: 00230 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 018 RENAL NETWORK: 18 PHONE:(601)453-5208
CAPT JAMES HILL ESRO UNIT 4500 13TH ST-P.O. BOX 1810 GULFPORT, MS 39501 PROVIDER NO: 2S0D19	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININO: HEMO PERI CAPD	DATE APPROVED: 010581 OWNERSHIP: NONPROFIT INTERMEDIARY: 00230 CROSS-REFER NO:2S2307	HCFA REGION: 04 TOTAL STATIONS: 020 RENAL NETWORK: 18 PHONE:(601)863-1441
HATTIESBURG CLINIC ESRO 2601 MAMIE ST-MEDICAL PLAZA HATTIESBURG, MS 39401 PROVIDER NO: 252502	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAININO: HEMO PERI CAPD	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 00230 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 021 RENAL NETWORK: 18 PHONE:(601)264-3286
UNIVERSITY MEDICAL DIALYSIS UNIT 2500 N STATE ST JACKSON, MS 39216 PROVIDER NO: 2SDD01	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININD: CAPD	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00230 CROSS-REFER NO:2S2300	HCFA REGION: 04 TOTAL STATIONS: 014 RENAL NETWORK: 18 PHONE:(601)987-4800

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KIDNEY CARE INC 3304 N. STATE ST, BOX 4740 JACKSON, MS 39216 PROVIDER NO: 2S2S01	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00230 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 031 RENAL NETWORK: 18 PHONE:(601)987-1001
CENTRAL DIALYSIS UNIT INC 381 MEDICAL DR JACKSON, MS 39216 PROVIDER NO: 2S2505	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 120777 OWNERSHIP: PROFIT INTERMEDIARY: 00230 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 024 RENAL NETWORK: 18 PHONE:(601)981-9682
LAUREL RENAL DIALYSIS CENTER 859 S 13TH AV LAUREL, MS 39440 PROVIDER NO: 2S2S10	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 041381 OWNERSHIP: PROFIT INTERMEDIARY: 00230 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 016 RENAL NETWORK: 18 PHONE:(601)425-1853
KIDNEY CARE INC 1512 20TH AVE MERIDIAN, MS 39301 PROVIDER NO: 2S2S04	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00230 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 020 RENAL NETWORK: 18 PHONE:(601)483-0606
KIDNEY CARE INC NATCHEZ PO BOX 2024 517 HIGHLAND BLVD NATCHEZ, MS 39120 PROVIDER NO: 2S2S1S	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 112982 OWNERSHIP: NONPROFIT INTERMEDIARY: 00230 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 18 PHONE:(601)446-8060
OCEAN SPRINGS DIALYSIS CENTER 3009 BIENVILLE BLVD OCEAN SPRINGS, MS 39564 PROVIDER NO: 2S2519	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 110182 OWNERSHIP: PROFIT INTERMEDIARY: 00230 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 005 RENAL NETWORK: 18 PHONE:(601)872-1199
NORTH MS DIALYSIS SERVICES 1207 BELK ST OXFORD, MS 38655 PROVIDER NO: 252511	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 030182 OWNERSHIP: NONPROFIT INTERMEDIARY: 00230 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 006 RENAL NETWORK: 18 PHONE:(601)234-3412
SINGING RIVER DIALYSIS CENTER 2712 CRISTWELL PASCAGOULA, MS 39567 PROVIDER NO: 2S2516	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO CAPD	DATE APPROVED: 110182 OWNERSHIP: PROFIT INTERMEDIARY: 00230 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 18 PHONE:(601)938-5387
KIDNEY CARE INC ROUTE 7,BOX R-50 PHILADELPHIA, MS 39350 PROVIDER NO: 252520	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 060883 OWNERSHIP: NONPROFIT INTERMEDIARY: 00230 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 006 RENAL NETWORK: 18 PHONE:(601)656-2211
PEARL RIVER RENAL DIALYSIS CENTER 139 KIRKWOOD ST PICAYUNE, MS 39466 PROVIDER NO: 252517	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 020983 OWNERSHIP: PROFIT INTERMEDIARY: 00230 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 005 RENAL NETWORK: 18 PHONE:(601)264-6000
NORTH MISSISSIPPI DIALYSIS SERVICES IN 830 S. GLOSTER TUPELO, MS 38801 PROVIDER NO: 252513	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 010103 OWNERSHIP: NONPROFIT INTERMEDIARY: 00230 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 019 RENAL NETWORK: 18 PHONE:(601)844-7333

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KIDNEY CARE VICKSBURG 500 GROVE ST, BOX 1396 VICKSBURG, MS 39180 PROVIDER NO: 252509	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 102780 OWNERSHIP: NONPROFIT INTERMEDIARY: 00230 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 005 RENAL NETWORK: 18 PHONE:(601)634-8470

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BLUE SPRINGS DIALYSIS CENTER 2DS WEST R.D. MIZE RD BLUE SPRINGS, MO 64D1S PROVIDER NO: 262S11	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAINING: HEMO PERI	OATE APPROVEO: 040403 OWNERSHIP: PROFIT INTERMEOIARY: 00241 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: 01D RENAL NETWORK: 09 PHONE:(816)229-6600
ST LOUIS REGIONAL DIALYSIS CTR 3469 BRIDGELAND DR BRIOGETON, MO 63044 PROVIDER NO: 262SD7	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAININO: HEMO CAPO CCPO	OATE APPROVEO: 041301 OWNERSHIP: NONPROFIT INTERMEOIARY: 00241 CROSS-REFER NO:	HCFA REOION: 07 TOTAL STATIONS: 020 RENAL NETWORK: 09 PHONE:(314)739-7339
DEPAUL HEALTH CENTER 12303 DEPAUL ORIVE BRIDGETON, MO 63044 PROVIDER NO: 26D1D4	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTEO: SELF-CARE: TRAINING:	OATE APPROVED: 111D87 OWNERSHIP: NONPROFIT INTERMEOIARY: 00241 CROSS-REFER NO:262322	HCFA REOION: 07 TOTAL STATIONS: 000 RENAL NETWORK: 09 PHONE:(314)344-6000
SE MISSOURI REGIONAL DIALYSIS CTR RT #2 - BOX 379 CAPE GIRARDEAU, MO 637D1 PROVIDER NO: 262S1B	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	OATE APPROVED: 1D148S OWNERSHIP: PROFIT INTERMEOIARY: 00241 CROSS-REFER NO:	HCFA REOION: 07 TOTAL STATIONS: 010 RENAL NETWORK: 09 PHONE:(314)334-3400
ST LUKES HOSPITAL-WEST 232 S WOODS MILL RD CHESTERFIELD, MO 63017 PROVIDER NO: 26D179	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTEO: SELF-CARE: TRAINING:	OATE APPROVED: D10186 OWNERSHIP: NONPROFIT INTERMEOIARY: 00241 CROSS-REFER NO:262321	HCFA REOION: 07 TOTAL STATIONS: 000 RENAL NETWORK: 09 PHONE:(314)434-1500
UNIV OF MISSOURI HOSP AND CLINICS ONE HOSPITAL OR COLUMBIA, MO 65212 PROVIDER NO: 26D141	FACILITY TYPE: TRANSPLANT/OIALYSIS CTR STAFF-ASSISTEO: HEMO SELF-CARE: TRAININD: HEMO CAPD CCPD	OATE APPROVEO: 063077 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROSS-REFER NO:262314	HCFA REOION: 07 TOTAL STATIONS: 004 RENAL NETWORK: D9 PHONE:(314)882-5814
DIALYSIS CLINICS INC 1BDS EAST WALNUT COLUMBIA, MO 65201 PROVIDER NO: 262SD6	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	OATE APPROVEO: 070979 OWNERSHIP: NONPROFIT INTERMEOIARY: 00241 CROSS-REFER NO:	HCFA REOION: 07 TOTAL STATIONS: 01S RENAL NETWORK: 09 PHONE:(314)443-1531
AFFILIATED HOSPITAL DIALYSIS 1DD9 EXECUTIVE PARKWAY SUITE 10D CREVE COEUR, MO 63141 PROVIDER NO: 262SDB	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPO	OATE APPROVEO: 072481 OWNERSHIP: NONPROFIT INTERMEOIARY: DD241 CROSS-REFER NO:	HCFA REOION: 07 TOTAL STATIONS: 024 RENAL NETWORK: 09 PHONE:(314)434-4770
ST JOHN'S MERCY MED CTR 61S NEW BALLAS RD SOUTH CREVE COEUR, MO 63141 PROVIDER NO: 26D02D	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTEO: HEMO PERI SELF-CARE: TRAININO: HEMO PERI	OATE APPROVEO: 022385 OWNERSHIP: PROFIT INTERMEOIARY: 00241 CROSS-REFER NO:262319	HCFA REOION: 07 TOTAL STATIONS: 007 RENAL NETWORK: 09 PHONE:(314)569-6000
FARMINDTON REGIONAL MEOICAL CENTER 1101 W LIBERTY ST FARMINGTON, MO 6364D PROVIDER NO: 260163	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAININO:	OATE APPROVEO: 121787 OWNERSHIP: PROFIT INTERMEOIARY: 00241 CROSS-REFER NO:26232S	HCFA REOION: D7 TOTAL STATIONS: D06 RENAL NETWORK: 09 PHONE:(314)756-6451
OIALYSIS CLINIC INC 610 W ELM ST JEFFERSON CITY, MO 651D1 PROVIDER NO: 262S13	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAINING: HEMO CAPO CCPD	DATE APPROVEO: D5D184 OWNERSHIP: NONPROFIT INTERMEOIARY: 0D241 CROSS-REFER NO:	HCFA REGION: D7 TOTAL STATIONS: 006 RENAL NETWORK: D9 PHONE:(314)635-8911

STATE=MISSOURI CONTINUED

ST JOHNS HOSP 2727 MCCLELLAND BLVD JOPLIN, MO 64804 PROVIDER NO: 260001	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 070184 OWNERSHIP: NONPROFIT INTERMEDIARY: 52280 CROSS-REFER NO:262300	HCFA REGION: 07 TOTAL STATIONS: 000 RENAL NETWORK: 09 PHONE:(417)781-2727
FOUR STATE REGIONAL DIALYSIS CENTER 1800 W. 30TH JOPLIN, MO 64801 PROVIDER NO: 262514	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 070184 OWNERSHIP: PROFIT INTERMEDIARY: 00241 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: 010 RENAL NETWORK: 09 PHONE:(800)492-3322
RESEARCH HOSP & MEDICAL CENTER 2316 E MEYER BLDD KANSAS CITY, MO 64132 PROVIDER NO: 260027	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 040185 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROSS-REFER NO:262304	HCFA REGION: 07 TOTAL STATIONS: 006 RENAL NETWORK: 09 PHONE:(816)276-4229
ST LUKES HOSPITAL WORNALL RD & 44TH ST KANSAS CITY, MO 64111 PROVIDER NO: 260138	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 063077 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROSS-REFER NO:262313	HCFA REGION: 07 TOTAL STATIONS: 028 RENAL NETWORK: 09 PHONE:(816)932-2000
KANSAS CITY DIALYSIS AND TRANSPLANT 1734 E 63RD KANSAS CITY, MO 64110 PROVIDER NO: 262501	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 062077 OWNERSHIP: PROFIT INTERMEDIARY: 00241 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: 025 RENAL NETWORK: 09 PHONE:(816)444-2098
DIALYSIS CLINICS INC 1010 CARONDELET, SUITE 10 KANSAS CITY, MO 64114 PROVIDER NO: 262517	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 062485 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: 006 RENAL NETWORK: 09 PHONE:(816)941-0595
THE CHILDREN'S MERCY HOSPITAL 24TH AT GILLHAM RD KANSAS CITY, MO 64108 PROVIDER NO: 263302	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: SELF-CARE: TRAINING: CAPD CCPD	DATE APPROVED: 070185 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: 000 RENAL NETWORK: 09 PHONE:(816)234-3100
TWIN RIVERS REGIONAL MEDICAL CENTER 1301 FIRST STREET KENNETT, MO 63857 PROVIDER NO: 260015	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 102287 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: 003 RENAL NETWORK: 09 PHONE:( ) -
DIALYSIS CLINICS INC 304 SOUTH FRANKLIN KIRKSVILLE, MO 63501 PROVIDER NO: 262505	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 061379 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: 007 RENAL NETWORK: 09 PHONE:(816)665-8372
DIALYSIS CLINICS INC 620 EAST MONROE MEXICO, MO 65265 PROVIDER NO: 262516	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 062685 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: 005 RENAL NETWORK: 09 PHONE:(314)581-2638
COMM DIALYSIS SERV OF NORTHLAND 2709 HOSPITAL DR N KANSAS CITY, MO 64116 PROVIDER NO: 262504	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 071379 OWNERSHIP: PROFIT INTERMEDIARY: 00241 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: 013 RENAL NETWORK: 09 PHONE:(816)842-2056

STATE=MISSOURI CONTINUED

BARNES HOSP BARNES HOSPITAL PLAZA SAINT LOUIS, MO 63110 PROVIDER NO: 260014	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 082680 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROSS-REFER NO:262302	HCFA REGION: 07 TOTAL STATIONS: 006 RENAL NETWORK: 09 PHONE:(314)454-2000
DEACONESS HOSP 6150 OAKLAND AVE SAINT LOUIS, MO 63139 PROVIDER NO: 260021	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 071877 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROSS-REFER NO:262303	HCFA REGION: 07 TOTAL STATIONS: 018 RENAL NETWORK: 09 PHONE:(314)768-3011
JEWISH HOSP OF ST LOUIS 216 S KINGSHIGHWAY SAINT LOUIS, MO 63110 PROVIDER NO: 260032	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 062977 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROSS-REFER NO:262305	HCFA REGION: 07 TOTAL STATIONS: 007 RENAL NETWORK: 09 PHONE:(314)454-7410
ST LOUIS UNIVERSITY HOSPS 1325 S GRAND BLVD SAINT LOUIS, MO 63104 PROVIDER NO: 260105	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 072384 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROSS-REFER NO:262310	HCFA REGION: 07 TOTAL STATIONS: 004 RENAL NETWORK: 09 PHONE:(314)577-8000
RENAL DIALYSIS INC 1320 S GRAND AVE SAINT LOUIS, MO 63104 PROVIDER NO: 262S03	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO	DATE APPROVED: 061377 OWNERSHIP: PROFIT INTERMEDIARY: 00241 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: 027 RENAL NETWORK: 09 PHONE:(314)771-5014
SALEM MEM DISTRICT HOSP HWY 72 N PO BOX 774 SALEM, MO 65560 PROVIDER NO: 260172	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 062477 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROSS-REFER NO:262315	HCFA REGION: 07 TOTAL STATIONS: 004 RENAL NETWORK: 09 PHONE:(314)729-6626
DIALYSIS CLINIC INC 1727 WEST 7TH ST SEDALIA, MO 65301 PROVIDER NO: 262S15	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 090384 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: 008 RENAL NETWORK: 09 PHONE:(816)826-0566
MISSOURI DELTA COMM HOSP HIGHWAY 61 N SIKESTON, MO 63801 PROVIDER NO: 260113	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 083077 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROSS-REFER NO:262311	HCFA REGION: 07 TOTAL STATIONS: 010 RENAL NETWORK: 18 PHONE:(314)471-1600
COX MEDICAL CTR 1423 N JEFFERSON ST SPRINGFIELD, MO 65802 PROVIDER NO: 260040	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 071877 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROSS-REFER NO:262306	HCFA REGION: 07 TOTAL STATIONS: 021 RENAL NETWORK: 09 PHONE:(417)836-3000
HEARTLAND HOSPITAL WEST 902 EDMOND ST JOSEPH, MO 64501 PROVIDER NO: 260006	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 120379 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROSS-REFER NO:262316	HCFA REGION: 07 TOTAL STATIONS: 008 RENAL NETWORK: 09 PHONE:(816)271-7807
VA HOSP 915 N GRAND ST LOUIS, MO 63106 PROVIDER NO: 26009F	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO	DATE APPROVED: 071877 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROSS-REFER NO:262307	HCFA REGION: 07 TOTAL STATIONS: 013 RENAL NETWORK: 09 PHONE:(314)652-4100

STATE=MISSOURI CONTINUED

CHRISTIAN HOSPITAL NORTHEAST 11133 DUNN RD ST LOUIS, MO 63136 PROVIDER NO: 260180	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 012584 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROSS-REFER NO:262318	HCFA REGION: 07 TOTAL STATIONS: 000 RENAL NETWORK: 09 PHONE:(314)355-2300
CHROMALLOY AMERICAN KIDNEY CENTER 4949 BARNES HOSPITAL PLAZA ST LOUIS, MO 63110 PROVIDER NO: 262502	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 071377 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: 028 RENAL NETWORK: 09 PHONE:(314)362-7205
METRO NORTH DIALYSIS CTR INC 2870 NETHERTON RD ST LOUIS, MO 63136 PROVIDER NO: 262509	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO	DATE APPROVED: 111381 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: 012 RENAL NETWORK: 09 PHONE:(314)355-7455
CHROMALLOY AMERICAN/ST ANTHONY'S FAC 10016 KENNERLY RD ST LOUIS, MO 63128 PROVIDER NO: 262512	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 082983 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: 006 RENAL NETWORK: 09 PHONE:(314)849-6464
CARDINAL GLENNON MEM HOSP 1465 S GRAND BLVD ST LOUIS, MO 63104 PROVIDER NO: 263300	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: SELF-CARE: TRAINING: CAPD CCPD	DATE APPROVED: 030185 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: 000 RENAL NETWORK: 09 PHONE:(314)577-5617
ST LOUIS CHILDREN'S HOSP 400 S KINGSHIGHWAY BLVD ST LOUIS, MO 63110 PROVIDER NO: 263301	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 010184 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROSS-REFER NO:262309	HCFA REGION: 07 TOTAL STATIONS: 007 RENAL NETWORK: 09 PHONE:(314)454-6065
DEACONESS SOUTH DIALYSIS CTR 4145 UNION RD ST LOUIS, MO 63129 PROVIDER NO: 263500	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 022884 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: 015 RENAL NETWORK: 09 PHONE:(314)894-1851
ST LOUIS REGIONAL MEDICAL CTR 5535 DELMAR BLVD ST LOUIS, MO 63112 PROVIDER NO: 260008	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 020186 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROSS-REFER NO:262312	HCFA REGION: 07 TOTAL STATIONS: 015 RENAL NETWORK: 09 PHONE:(314)362-4977
COMMUNITY DIALYSIS CENTERS OF ST LOUIS 6665 DELMAR BLVD ST LOUIS, MO 63130 PROVIDER NO: 262519	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 090486 OWNERSHIP: PROFIT INTERMEDIARY: 00241 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: 012 RENAL NETWORK: 09 PHONE:(314)725-8330

STATE=MONTANA

NORTHERN ROCKIES KIDNEY CTR. 2813 9TH AVE N BILLINGS, MT 59103 PROVIDER NO: 270004	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 071477 OWNERSHIP: NONPROFIT INTERMEDIARY: 00250 CROSS-REFER NO:272301	HCFA REGION: 08 TOTAL STATIONS: 012 RENAL NETWORK: 02 PHONE:(406)657-4000
COLUMBUS HOSP 500 ISTH AVE SOUTH GREAT FALLS, MT 59403 PROVIDER NO: 270013	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 071477 OWNERSHIP: NONPROFIT INTERMEDIARY: 00250 CROSS-REFER NO:272302	HCFA REGION: 08 TOTAL STATIONS: 007 RENAL NETWORK: 02 PHONE:(406)727-3333
ST PETERS COMM HOSP 2475 BROADWAY HELENA, MT 59601 PROVIDER NO: 270003	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 071477 OWNERSHIP: NONPROFIT INTERMEDIARY: 00250 CROSS-REFER NO:272300	HCFA REGION: 08 TOTAL STATIONS: 005 RENAL NETWORK: 02 PHONE:(406)442-2480
ST PATRICK HOSPITAL 500 WEST BROADWAY MISSOULA, MT 59806 PROVIDER NO: 270014	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 071477 OWNERSHIP: NONPROFIT INTERMEDIARY: 00250 CROSS-REFER NO:272303	HCFA REGION: 08 TOTAL STATIONS: 009 RENAL NETWORK: 02 PHONE:(406)543-7271

STATE=NEBRASKA

MEMORIAL HOSPITAL 1423 7TH ST AURORA, NE 68818 PROVIDER NO: 280074	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 091176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00260 CROSS-REFER NO:282307	HCFA REGION: 07 TOTAL STATIONS: 005 RENAL NETWORK: 08 PHONE:(402)694-3171
GOOD SAMARITAN HOSP 31ST AND CENTRAL AVE KEARNEY, NE 68847 PROVIDER NO: 280009	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 061577 OWNERSHIP: NONPROFIT INTERMEDIARY: 00260 CROSS-REFER NO:282300	HCFA REGION: 07 TOTAL STATIONS: 006 RENAL NETWORK: 08 PHONE:(308)234-7570
BRYAN MEMORIAL HOSPITAL 4848 SUMNER ST LINCOLN, NE 68506 PROVIDER NO: 280003	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 091487 OWNERSHIP: NONPROFIT INTERMEDIARY: 00260 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: 000 RENAL NETWORK: 08 PHONE:(402)466-8259
ST ELIZABETH COMM HEALTH CENTER 600 VAN DORN ST, SUITE 101 LINCOLN, NE 68510 PROVIDER NO: 280020	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 091487 OWNERSHIP: NONPROFIT INTERMEDIARY: 52280 CROSS-REFER NO:282302	HCFA REGION: 07 TOTAL STATIONS: 000 RENAL NETWORK: 08 PHONE:(402)486-7489
DIALYSIS CENTER OF LINCOLN INC 600 VAN DORN; SUITE 101 LINCOLN, NE 68506 PROVIDER NO: 282500	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 091487 OWNERSHIP: NONPROFIT INTERMEDIARY: 00260 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: 010 RENAL NETWORK: 08 PHONE:( ) -
LUTHERAN COMM HOSP 2700 NORFOLK AVE NORFOLK, NE 68701 PROVIDER NO: 280034	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 061377 OWNERSHIP: NONPROFIT INTERMEDIARY: 00260 CROSS-REFER NO:282304	HCFA REGION: 07 TOTAL STATIONS: 005 RENAL NETWORK: 08 PHONE:(402)371-4480
GREAT PLAINS REGIONAL MED CTR 601 WEST LEOTA STREET NORTH PLATTE, NE 69101 PROVIDER NO: 280065	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO	DATE APPROVED: 030978 OWNERSHIP: NONPROFIT INTERMEDIARY: 00260 CROSS-REFER NO:282309	HCFA REGION: 07 TOTAL STATIONS: 004 RENAL NETWORK: 08 PHONE:(308)534-9310
ST JOSEPH HOSP 601 N 30TH ST OMAHA, NE 68131 PROVIDER NO: 280030	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 092184 OWNERSHIP: NONPROFIT INTERMEDIARY: 52280 CROSS-REFER NO:282303	HCFA REGION: 07 TOTAL STATIONS: 010 RENAL NETWORK: 08 PHONE:(402)449-4468
BISHOP CLARKSON MEM HOSP DEWEY AVE AT 44TH ST OMAHA, NE 68105 PROVIDER NO: 280088	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 071977 OWNERSHIP: NONPROFIT INTERMEDIARY: 52280 CROSS-REFER NO:282308	HCFA REGION: 07 TOTAL STATIONS: 023 RENAL NETWORK: 08 PHONE:(402)559-3708
WEST NEBRASKA GEN HOSP 4021 AVE B SCOTTSBLUFF, NE 69361 PROVIDER NO: 280061	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 060177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00260 CROSS-REFER NO:282306	HCFA REGION: 07 TOTAL STATIONS: 006 RENAL NETWORK: 05 PHONE:(308)632-0532

STATE=NEVADA

UNIV MED CTR OF SOUTHERN NEVADA	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 080877	HCFA REGION: 09
2020 WEST CHARLESTON BLVD	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 026
LAS VEGAS, NV 89102	SELF-CARE: HEMO PERI	INTERMEDIARY: 51290	RENAL NETWORK: 04
PROVIDER NO: 290007	TRAINING: CAPD	CROSS-REFER NO:292302	PHONE:(702)383-2625
RENAL DIALYSIS CTR OF LAS VEGAS	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 050783	HCFA REGION: 09
1750 E. DESERT INN RD	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 020
LAS VEGAS, NV 89109	SELF-CARE:	INTERMEDIARY: 51051	RENAL NETWORK: 04
PROVIDER NO: 292500	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(702)735-5477
PHYSIOLOGICAL SYSTEMS INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 010185	HCFA REGION: 09
2040 W CHARLESTON BLVD SUITE 200	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 001
LAS VEGAS, NV 89102	SELF-CARE:	INTERMEDIARY: 51290	RENAL NETWORK: 04
PROVIDER NO: 292501	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(702)385-4818
WASHOE MEDICAL CENTER	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 081177	HCFA REGION: 09
77' PRINGLE WAY	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 010
RENO, NV 89520	SELF-CARE:	INTERMEDIARY: 51290	RENAL NETWORK: 03
PROVIDER NO: 290001	TRAINING: CAPD	CROSS-REFER NO:292300	PHONE:(702)328-5611

STATE=NEW HAMPSHIRE

DIALYSIS SERVICE OF NH 2 FISK ROAD CONCORD, NH 03301 PROVIDER NO: 302500	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 00270 CROSS-REFER NO:	HCFA REGION: 01 TOTAL STATIONS: 015 RENAL NETWORK: 28 PHONE:(603)224-9996
SEACOAST DIALYSIS INC COCHECO PARK,CHESTNUT ST DOVER, NH 03820 PROVIDER NO: 302501	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 111381 OWNERSHIP: PROFIT INTERMEDIARY: 00270 CROSS-REFER NO:	HCFA REGION: 01 TOTAL STATIONS: 010 RENAL NETWORK: 28 PHONE:(603)749-5550
MARY HITCHCOCK MEMORIAL HOSPITAL 2 MAYNARD STREET HANOVER, NH 03755 PROVIDER NO: 300009	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 110380 OWNERSHIP: NONPROFIT INTERMEDIARY: 00270 CROSS-REFER NO:302301	HCFA REGION: 01 TOTAL STATIONS: 005 RENAL NETWORK: 28 PHONE:(603)643-4000
NASHUA MEMORIAL HOSPITAL 8 PROSPECT STREET NASHUA, NH 03061 PROVIDER NO: 300020	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: HEMO PERI TRAINING: PERI CAPD CCPD	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00270 CROSS-REFER NO:302300	HCFA REGION: 01 TOTAL STATIONS: 006 RENAL NETWORK: 28 PHONE:(603)883-5521

STATE=NEW JERSEY

BRIDGETON HOSPITAL-RENAL UNIT IRVING & MANHEIM AVE BRIDGETON, NJ 08302 PROVIDER NO: 310068	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 112383 OWNERSHIP: NONPROFIT INTERMEDIARY: 53310 CROSS-REFER NO:312320	HCFA REGION: 02 TOTAL STATIONS: 006 RENAL NETWORK: 32 PHONE:(609)451-6600
OUR LADY OF LOURDES MED CTR 1600 HADDON AVENUE CAMDEN, NJ 08103 PROVIDER NO: 310029	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00280 CROSS-REFER NO:312305	HCFA REGION: 02 TOTAL STATIONS: 022 RENAL NETWORK: 32 PHONE:(609)TST-3500
EAST ORANGE GENERAL HOSP 300 CENTRAL AVE EAST ORANGE, NJ 07019 PROVIDER NO: 310083	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00280 CROSS-REFER NO:312314	HCFA REGION: 02 TOTAL STATIONS: 017 RENAL NETWORK: 32 PHONE:(201)672-8400
A P MIELE DIALYSIS CENTER 81 CENTRAL AVE EAST ORANGE, NJ 07018 PROVIDER NO: 312505	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO TRAINING: HEMO	DATE APPROVED: 031577 OWNERSHIP: PROFIT INTERMEDIARY: 00280 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 014 RENAL NETWORK: 32 PHONE:(201)673-6000
ALEXIAN BROTHERS HOSPITAL 655 EAST JERSEY ST ELIZABETH, NJ 07206 PROVIDER NO: 310033	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 021279 OWNERSHIP: NONPROFIT INTERMEDIARY: 00280 CROSS-REFER NO:312318	HCFA REGION: 02 TOTAL STATIONS: 012 RENAL NETWORK: 32 PHONE:(201)351-9000
HACKENSACK HOSP ASSOCIATION 30 PROSPECT AVE HACKENSACK, NJ 07601 PROVIDER NO: 310001	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 53310 CROSS-REFER NO:312300	HCFA REGION: 02 TOTAL STATIONS: 006 RENAL NETWORK: 32 PHONE:(201)487-4000
RUTH KLIMAN DIALYSIS CENTER BLOY ST AND RAMSEY AVE HILLSIDE, NJ 07205 PROVIDER NO: 312506	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 033180 OWNERSHIP: PROFIT INTERMEDIARY: 53310 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 032 RENAL NETWORK: 32 PHONE:(201)964-5608
BIOMEDICAL LIFE SUPPORT INC 1071 SPRINGFIELD AVE IRVINGTON, NJ 07111 PROVIDER NO: 312501	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 53310 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 020 RENAL NETWORK: 32 PHONE:(201)399-1155
JERSEY CITY MEDICAL CENTER 50 BALDWIN AVE JERSEY CITY, NJ 07304 PROVIDER NO: 310074	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00280 CROSS-REFER NO:312310	HCFA REGION: 02 TOTAL STATIONS: 006 RENAL NETWORK: 32 PHONE:(201)451-9800
BMA OF JERSEY CITY 45 JONES ST, P.O. BOX 6608 JERSEY CITY, NJ 07306 PROVIDER NO: 312502	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING:	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 00280 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 020 RENAL NETWORK: 32 PHONE:(201)659-4823
ST BARNABAS MEDICAL CENTER OLD SHORT HILLS RD LIVINGSTON, NJ 07039 PROVIDER NO: 310076	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 53310 CROSS-REFER NO:312312	HCFA REGION: 02 TOTAL STATIONS: 020 RENAL NETWORK: 32 PHONE:(201)533-5000

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MONMOUTH MEDICAL CENTER 3DD 2ND AVE LONG BRANCH, NJ 07740 PROVIDER NO: 310075	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 53310 CROSS-REFER NO:312311	HCFA REGION: 02 TOTAL STATIONS: 025 RENAL NETWORK: 32 PHONE:(201)222-5200
MORRISTOWN MEMORIAL HOSP 1DO MADISON AVE MORRISTOWN, NJ 07960 PROVIDER NO: 310015	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00280 CROSS-REFER NO:312303	HCFA REGION: 02 TOTAL STATIONS: 018 RENAL NETWORK: 32 PHONE:(201)540-5089
JERSEY SHORE MEDICAL CENTER 1945 CORLIES AVE NEPTUNE, NJ 07753 PROVIDER NO: 310073	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 53310 CROSS-REFER NO:312309	HCFA REGION: 02 TOTAL STATIONS: 023 RENAL NETWORK: 32 PHONE:(201)776-5500
ROBERT WOOD JOHNSON UNIV HOSP 1 ROBERT W JOHNSON PLACE NEW BRUNSWICK, NJ 08901 PROVIDER NO: 310038	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 032580 OWNERSHIP: NONPROFIT INTERMEDIARY: 00280 CROSS-REFER NO:312317	HCFA REGION: 02 TOTAL STATIONS: 009 RENAL NETWORK: 32 PHONE:(201)828-3000
NEWARK BETH ISRAEL MEDICAL CENTER 201 LYONS AVE NEWARK, NJ 07112 PROVIDER NO: 310002	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00280 CROSS-REFER NO:312301	HCFA REGION: 02 TOTAL STATIONS: 034 RENAL NETWORK: 32 PHONE:(201)926-7600
ST MICHAELS MEDICAL CENTER 268 MARTIN L. KING BLVD. NEWARK, NJ 07102 PROVIDER NO: 310096	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00280 CROSS-REFER NO:312316	HCFA REGION: 02 TOTAL STATIONS: 006 RENAL NETWORK: 32 PHONE:(201)877-5356
UNIVERSITY HOSPITAL 1DD BEROEN ST NEWARK, NJ 07107 PROVIDER NO: 31D119	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 012079 OWNERSHIP: NONPROFIT INTERMEDIARY: 53310 CROSS-REFER NO:312313	HCFA REGION: 02 TOTAL STATIONS: 006 RENAL NETWORK: 32 PHONE:(201)456-5667
PARKSIDE DIALYSIS CENTER 580 FRELINGHUYSEN AVE NEWARK, NJ 07114 PROVIDER NO: 313500	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 120586 OWNERSHIP: NONPROFIT INTERMEDIARY: 00280 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 018 RENAL NETWORK: 32 PHONE:(201)624-2226
ST JOSEPHS HOSP & MED CTR 703 MAIN ST PATERSON, NJ 07503 PROVIDER NO: 310019	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00280 CROSS-REFER NO:312304	HCFA REGION: 02 TOTAL STATIONS: 039 RENAL NETWORK: 32 PHONE:(201)977-2000
CENTRAL JERSEY RENAL DIALYSIS CTR 530 NEW BRUNSWICK AVE PERTH AMBOY, NJ 08861 PROVIDER NO: 310039	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00280 CROSS-REFER NO:312306	HCFA REGION: 02 TOTAL STATIONS: 021 RENAL NETWORK: 32 PHONE:(201)442-3700
BIOMEDICAL LIFE SUPPORT SYSTEMS PO BOX 660 HOOK MOUNTAIN ROAD PINE BROOK, NJ 07058 PROVIDER NO: 312503	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 53310 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 020 RENAL NETWORK: 32 PHONE:(201)227-6333

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MUHLENBERO HOSP PARK AVE RANDOLPH RD PLAINFIELD, NJ 07060 PROVIDER NO: 310063	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAININO: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 53310 CROSS-REFER NO:312308	HCFA REOION: 02 TOTAL STATIONS: 019 RENAL NETWORK: 32 PHONE:(201)668-2465
SHORE MEMORIAL HOSP-REG DIALYSIS UNIT SHORE RD & NEW YORK AVE SOMERS POINT, NJ 08244 PROVIDER NO: 310047	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO TRAININO: HEMO	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 53310 CROSS-REFER NO:312307	HCFA REOION: 02 TOTAL STATIONS: 028 RENAL NETWORK: 32 PHONE:(609)653-3500
HOLY NAME HOSP 718 TEANECK RD TEANECK, NJ 07666 PROVIDER NO: 310008	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00280 CROSS-REFER NO:312302	HCFA REOION: 02 TOTAL STATIONS: 036 RENAL NETWORK: 32 PHONE:(201)833-3000
COMMUNITY MEMORIAL HOSP HWY 37 WEST CN 2002 TOMS RIVER, NJ 08753 PROVIDER NO: 310041	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 081981 OWNERSHIP: NONPROFIT INTERMEDIARY: 53310 CROSS-REFER NO:312319	HCFA REOION: 02 TOTAL STATIONS: 016 RENAL NETWORK: 32 PHONE:(201)349-8000
HELENE FULD MEDICAL CENTER 750 BRUNSWICK AVE TRENTON, NJ 08638 PROVIDER NO: 310092	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 53310 CROSS-REFER NO:312315	HCFA REOION: 02 TOTAL STATIONS: 010 RENAL NETWORK: 32 PHONE:(609)396-6572
BMA OF TRENTON INC 40 FULD STREET TRENTON, NJ 08638 PROVIDER NO: 312504	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAININO:	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 53310 CROSS-REFER NO:	HCFA REOION: 02 TOTAL STATIONS: 020 RENAL NETWORK: 32 PHONE:(609)394-5104

STATE=NEW MEXICO

UNIV OF NEW MEXICO HOSP 2211 LOMAS BLVD,NE ALBUQUERQUE, NM 87106 PRDVIDER NO: 320001	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAININD:	DATE APPROVED: 050183 OWNERSHIP: NONPROFIT INTERMEDIARY: 00290 CROSS-REFER NO:322300	HCFA REGION: 06 TOTAL STATIONS: 000 RENAL NETWORK: 06 PHONE:(505)843-2121
LOVELACE MEDICAL CENTER 5400 GIBSON SE ALBUQUERQUE, NM 87108 PRDVIDER ND: 32DD19	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: HEMO PERI TRAININO: HEMO PERI CAPD	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 00290 CROSS-REFER NO:322301	HCFA REGION: 06 TOTAL STATIONS: 009 RENAL NETWORK: 06 PHONE:(505)842-7000
PRESBYTERIAN TRANSPLANT CENTER 1100 CENTRAL AVE. SE ALBUQUERQUE, NM 87102 PROVIDER NO: 320021	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAININO:	DATE APPROVED: 040986 OWNERSHIP: NONPROFIT INTERMEDIARY: 00290 CROSS-REFER NO:322308	HCFA REGION: 06 TOTAL STATIONS: 000 RENAL NETWORK: 06 PHONE:(505)841-1234
VA HDSP 2100 RIDGECREST DR SE ALBUQUERQUE, NM 87108 PRDVIDER ND: 32005F	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAININD: HEMO CAPD	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00080 CROSS-REFER NO:322305	HCFA REGION: 06 TOTAL STATIONS: 012 RENAL NETWORK: 06 PHONE:(505)265-2418
NEW MEXICO ARTIFICIAL KIDNEY CENTER 400 WALTER N E ALBUQUERQUE, NM 87102 PRDVIDER NO: 322SD0	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: HEMO CAPD	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 00290 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 015 RENAL NETWORK: 06 PHONE:(505)242-2674
ALBUQUERQUE KIDNEY CENTER 11296 LOMAS BLVD NE ALBUQUERQUE, NM 87123 PRDVIDER ND: 322S04	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO:	DATE APPROVED: 1DD881 OWNERSHIP: PROFIT INTERMEDIARY: 00290 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 010 RENAL NETWORK: 06 PHONE:(505)298-SSS7
DIALYSIS CLINIC INC 1511 CENTRAL AVE NE ALBUQUERQUE, NM 87106 PROVIDER NO: 322S06	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININO: CAPD	DATE APPROVED: 050183 OWNERSHIP: NONPROFIT INTERMEDIARY: 00290 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 014 RENAL NETWORK: 06 PHONE:(505)243-7376
GUADALUPE MEDICAL CTR 2430 W PIERCE ST CARLSBAD, NM 88220 PROVIDER NO: 32DD63	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAININO: CAPD	DATE APPROVED: 111279 OWNERSHIP: PROFIT INTERMEDIARY: 00290 CROSS-REFER NO:322307	HCFA REGION: 06 TOTAL STATIONS: 004 RENAL NETWORK: 06 PHONE:(505)887-6633
CLOVIS HIGH PLAINS HOSP 2100 N THOMAS CLOVIS, NM 88101 PROVIDER NO: 320D22	FACILITY TYPE: DIALYSIS FACILITY-HDSP STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: CAPD	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00290 CROSS-REFER NO:322303	HCFA REGION: 06 TOTAL STATIONS: 006 RENAL NETWORK: 06 PHONE:(505)769-2141
FOUR CORNERS DIALYSIS CTR. 657 N MAPLE FARMINGTON, NM 87401 PRDVIDER NO: 322S03	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO: CAPD	DATE APPROVED: 082079 OWNERSHIP: PROFIT INTERMEDIARY: 00290 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 015 RENAL NETWORK: 06 PHONE:(505)325-2827
FT BAYARD DIALYSIS UNIT 1 MAIN, BOX 219 FT BAYARD, NM 88036 PROVIDER NO: 322S07	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAININO: HEMO PERI	DATE APPROVED: 090887 OWNERSHIP: PROFIT INTERMEDIARY: 00290 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 006 RENAL NETWORK: 06 PHONE:(505)537-3302

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REHOBOTH MCKINLEY CHRISTIAN HOSP 1901 RED ROCK DRIVE GALLUP, NM 87301 PROVIDER NO: 320036	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00290 CROSS-REFER NO:322304	HCFA REGION: 06 TOTAL STATIONS: 008 RENAL NETWORK: 06 PHONE:(505)722-3881
REHOBETH MCKINLEY CHRISTIAN HOSP-ZUNI 1901 RED ROCK DRIVE GALLUP, NM 87301 PROVIDER NO: 323S00	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 042286 OWNERSHIP: NONPROFIT INTERMEDIARY: 00290 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 006 RENAL NETWORK: 06 PHONE:(505)782-5663
SOUTHERN NM REGIONAL DIALYSIS CTR 2919 HILLRISE DRIVE LAS CRUCES, NM 88001 PROVIDER NO: 322S0S	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 120881 OWNERSHIP: PROFIT INTERMEDIARY: 00290 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 012 RENAL NETWORK: 06 PHONE:(505)523-7547
EASTERN N M MEDICAL CENTER 405 W COUNTRY CLUB RD ROSWELL, NM 88201 PROVIDER NO: 320006	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 070279 OWNERSHIP: NONPROFIT INTERMEDIARY: 00290 CROSS-REFER NO:322306	HCFA REGION: 06 TOTAL STATIONS: 006 RENAL NETWORK: 06 PHONE:(505)622-8170
REHOBOTH MCKINLEY CHRISTIAN HOSP ACOMA, CANONCITO, LAGUNA DIALYSIS UNIT SAN FIDEL, NM 87049 PROVIDER NO: 323S01	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 042087 OWNERSHIP: NONPROFIT INTERMEDIARY: 00290 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 008 RENAL NETWORK: 06 PHONE:(505)552-6634
BIOMEDICAL APPLICATIONS OF SANTA FE 1650 HOSPITAL DR #800 SANTA FE, NM 87501 PROVIDER NO: 322S0I	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 010978 OWNERSHIP: PROFIT INTERMEDIARY: 00290 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 015 RENAL NETWORK: 06 PHONE:(505)982-9427

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ALBANY MEM HOSP NORTHERN BLVD ALBANY, NY 12204 PROVIDER NO: 330003	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00308 CROSS-REFER NO:332301	HCFA REGION: 02 TOTAL STATIONS: 007 RENAL NETWORK: 2S PHONE:(518)471-3221
ALBANY MED CTR HOSP NEW SCOTLAND AV ALBANY, NY 12208 PROVIDER NO: 330013	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD CCPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00308 CROSS-REFER NO:332306	HCFA REGION: 02 TOTAL STATIONS: 018 RENAL NETWORK: 2S PHONE:(518)445-3125
OOOO SAMARITAN CHRONIC DIALYSIS CTR 929 SUNRISE HIGHWAY BAY SHORE, NY 11706 PROVIDER NO: 333504	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00308 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 015 RENAL NETWORK: 2S PHONE:(516)665-1880
BAYSIDE DIALYSIS CTR INC 201-10 NORTHERN BLVD BAYSIDE, NY 11361 PROVIDER NO: 332519	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 102483 OWNERSHIP: PROFIT INTERMEDIARY: 00308 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 020 RENAL NETWORK: 2S PHONE:(718)423-6870
BRONX LEBANON HOSP CTR 1276 FULTON AVENUE BRONX, NY 10456 PROVIDER NO: 330009	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00308 CROSS-REFER NO:332304	HCFA REGION: 02 TOTAL STATIONS: 005 RENAL NETWORK: 2S PHONE:(212)588-7000
MONTEFIORE HOSP 111 E 210TH ST BRONX, NY 10467 PROVIDER NO: 330059	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00308 CROSS-REFER NO:332313	HCFA REGION: 02 TOTAL STATIONS: 011 RENAL NETWORK: 2S PHONE:(212)920-4141
OUR LADY OF MERCY MED CTR 600 EAST 233RD STREET BRONX, NY 10466 PROVIDER NO: 330072	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00308 CROSS-REFER NO:332316	HCFA REGION: 02 TOTAL STATIONS: 006 RENAL NETWORK: 2S PHONE:(212)920-9041
ST BARNABAS HOSPITAL 183RD ST & 3RD AVE BRONX, NY 10457 PROVIDER NO: 332009	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 080781 OWNERSHIP: NONPROFIT INTERMEDIARY: 00308 CROSS-REFER NO:332375	HCFA REGION: 02 TOTAL STATIONS: 006 RENAL NETWORK: 2S PHONE:(212)960-9000
GUN HILL DIALYSIS CENTER, INC 376 EAST GUN HILL RD BRONX, NY 10467 PROVIDER NO: 332503	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 00308 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 054 RENAL NETWORK: 2S PHONE:(212)798-8800
BAUMRITTER KIDNEY CENTER 1200 VAN NEST AVE BRONX, NY 10461 PROVIDER NO: 332505	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00308 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 012 RENAL NETWORK: 2S PHONE:(212)430-2255
SOUTH BRONX KIDNEY CENTER 1834 WEBSTER AVE BRONX, NY 10457 PROVIDER NO: 332506	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00308 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 025 RENAL NETWORK: 2S PHONE:(212)299-9212

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BROOKLYN HOSP 121 DEKALB AVE BROOKLYN, NY 11201 PROVIDER NO: 330056	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00308 CROSS-REFER NO:332312	HCFA REGION: 02 TOTAL STATIONS: 010 RENAL NETWORK: 2S PHONE:(718)403-8160
LONG ISLAND COLLEGE HOSP 340 HENRY ST BROOKLYN, NY 11201 PROVIDER NO: 330152	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00308 CROSS-REFER NO:332333	HCFA REGION: 02 TOTAL STATIONS: 023 RENAL NETWORK: 2S PHONE:(718)780-1247
MAIMONIDES MEDICAL CENTER 4802 TENTH AVENUE BROOKLYN, NY 11219 PROVIDER NO: 330194	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00308 CROSS-REFER NO:332340	HCFA REGION: 02 TOTAL STATIONS: 007 RENAL NETWORK: 2S PHONE:(718)270-7358
CONEY ISLAND HOSP 2601 OCEAN PKWY BROOKLYN, NY 11235 PROVIDER NO: 330196	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 0514B1 OWNERSHIP: NONPROFIT INTERMEDIARY: 00308 CROSS-REFER NO:332374	HCFA REGION: 02 TOTAL STATIONS: 006 RENAL NETWORK: 2S PHONE:(718)615-4000
KINGSBROOK JEWISH MEDICAL CENTER B6 E 49TH ST RUTLAND RD BROOKLYN, NY 11203 PROVIDER NO: 330201	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00308 CROSS-REFER NO:332345	HCFA REGION: 02 TOTAL STATIONS: 006 RENAL NETWORK: 2S PHONE:(718)604-5591
KINGS CO HOSP CENTER 451 CLARKSON AVE BROOKLYN, NY 11203 PROVIDER NO: 330202	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00308 CROSS-REFER NO:332346	HCFA REGION: 02 TOTAL STATIONS: 016 RENAL NETWORK: 2S PHONE:(718)735-3027
BROOKDALE HOSP MEDICAL CENTER LINDEN BLVD. AT BROOKDALE PLAZA BROOKLYN, NY 11212 PROVIDER NO: 330233	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00308 CROSS-REFER NO:332352	HCFA REGION: 02 TOTAL STATIONS: 011 RENAL NETWORK: 2S PHONE:(718)240-5000
LUTHERAN MEDICAL CENTER 150-55TH STREET BROOKLYN, NY 11220 PROVIDER NO: 330306	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 012583 OWNERSHIP: NONPROFIT INTERMEDIARY: 00308 CROSS-REFER NO:332380	HCFA REGION: 02 TOTAL STATIONS: 006 RENAL NETWORK: 2S PHONE:(718)630-7300
DOWNSTATE MEDICAL CENTER 445 LENOX RD BOX 23 BROOKLYN, NY 11203 PROVIDER NO: 330350	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00308 CROSS-REFER NO:332364	HCFA REGION: 02 TOTAL STATIONS: 009 RENAL NETWORK: 2S PHONE:(718)270-2401
INTERFAITH MEDICAL CENTER 555 PROSPECT PLACE BROOKLYN, NY 11238 PROVIDER NO: 330397	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD CCPD	DATE APPROVED: 0101B3 OWNERSHIP: NONPROFIT INTERMEDIARY: 00308 CROSS-REFER NO:332362	HCFA REGION: 02 TOTAL STATIONS: 031 RENAL NETWORK: 2S PHONE:(718)935-7144
NEPHROLOGY FOUNDATION OF BROOKLYN-NO. 342 FLATBUSH AVE BROOKLYN, NY 11238 PROVIDER NO: 332512	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 121279 OWNERSHIP: NONPROFIT INTERMEDIARY: 00308 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 020 RENAL NETWORK: 2S PHONE:(718)857-3000

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SOUTH BROOKLYN NEPHROLODY CTR INC. 39-15 AVENUE V BROOKLYN, NY 11234 PROVIDER NO: 332S16	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININD: HEMO PERI CAPD	DATE APPROVED: 0720B1 OWNERSHIP: PROFIT INTERMEDIARY: 00308 CROSS-REFER ND:	HCFA REOION: 02 TOTAL STATIONS: 020 RENAL NETWORK: 2S PHONE:(718)2S2-8440
BRDOKLYN KIDNEY CENTER 1B4 STERLIND PLACE BROOKLYN, NY I12I7 PRDVIDER NO: 333SD1	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAININO: HEMO	DATE APPRDVED: 090177 DWNERSHIP: NONPRDFIT INTERMEDIARY: 0D308 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 022 RENAL NETWORK: 2S PHONE:(718)780-4602
NEPHROLDDY FOUNDATION (SOUTH UNIT) 2651 E 14TH ST BRDOKLYN, NY I123S PROVIDER NO: 332S22	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD:	DATE APPRDVED: D22384 OWNERSHIP: NONPROFIT INTERMEDIARY: D0308 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 020 RENAL NETWORK: 2S PHONE:(718)332-2S00
BRODKLYN HOME DIALYSIS TRAININO CTR 3121 KINOS HIOHWAY BROOKLYN, NY 11234 PROVIDER NO: 332S33	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: SELF-CARE: HEMO PERI TRAININO: HEMO PERI	DATE APPROVED: 0S2386 DWNERSHIP: PROFIT INTERMEDIARY: 0D308 CRDSS-REFER ND:	HCFA REGION: 02 TOTAL STATIONS: 012 RENAL NETWORK: 2S PHONE:(718)692-0097
BUFFALO OEN HOSP-DEACONESS DIV 10D HIDH ST BUFFALO, NY 142D3 PRDVIDER NO: 33D00S	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTEO: HEMO PERI SELF-CARE: TRAININD: HEMO PERI CAPO	DATE APPROVED: 090177 OWNERSHIP: NDNPROFIT INTERMEDIARY: D0308 CROSS-REFER ND:332302	HCFA REGION: 02 TOTAL STATIONS: 020 RENAL NETWORK: 26 PHONE:(716)84S-S600
MILLARD FILLMORE HOSP 3 OATES CIRCLE BUFFALO, NY 14209 PROVIDER NO: 33011B	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: HEMO CAPO CCPD	DATE APPROVEO: D9DI77 OWNERSHIP: NONPROFIT INTERMEOIARY: 00308 CROSS-REFER NO:332323	HCFA REGION: 02 TOTAL STATIONS: 008 RENAL NETWORK: 26 PHONE:(716)887-4830
ERIE CO MED CTR 462 DRIDER ST BUFFALO, NY 1421S PROVIOER ND: 33D2I9	FACILITY TYPE: TRANSPLANT/OIALYSIS CTR STAFF-ASSISTEO: HEMO PERI SELF-CARE: TRAININO: HEMO PERI CAPD CCPD	DATE APPRDVED: 090177 OWNERSHIP: NONPROFIT INTERMEOIARY: 003D8 CROSS-REFER NO:3323SO	HCFA REOION: 02 TOTAL STATIONS: 008 RENAL NETWORK: 26 PHONE:(716)898-3000
WESTERN NY ARTIFICIAL KIDNEY CENTER 237 LINWODD AVENUE BUFFALO, NY 142D9 PRDVIOER NO: 33251D	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO:	DATE APPROVEO: D32779 OWNERSHIP: PROFIT INTERMEOIARY: 003D8 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 020 RENAL NETWORK: 26 PHONE:(716)SS8-6363
CHILORENS HOSPITAL 219 BRYANT ST BUFFALO, NY 14222 PROVIDER ND: 333300	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININD: CAPD CCPD	DATE APPROVED: 01018S OWNERSHIP: NDNPROFIT INTERMEDIARY: 0D308 CROSS-REFER NO:332367	HCFA REOION: 02 TOTAL STATIONS: 003 RENAL NETWORK: 26 PHONE:(716)878-7000
THE MARY IMOOENE BASSETT HOSP ATWELL RD COOPERSTDWN, NY 13326 PROVIDER NO: 330136	FACILITY TYPE: OIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAININO: HEMO CAPD	OATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00308 CROSS-REFER NO:332329	HCFA REOION: 02 TOTAL STATIONS: 006 RENAL NETWORK: 26 PHONE:(607)S47-3456
NASSAU CO MED CTR 22D1 HEMPSTEAD TNPK EAST MEADDW, NY 11554 PROVIDER NO: 330027	FACILITY TYPE: OIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAININO: HEMO	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEOIARY: 00308 CROSS-REFER ND:3323D8	HCFA REOION: 02 TOTAL STATIONS: 01S RENAL NETWORK: 2S PHONE:(S16)S42-0123

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CITY HOSP CENTER AT ELMHURST 79-01 BROADWAY ELMHURST, NY 11373 PROVIDER NO: 330120	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00300 CROSS-REFER NO:332320	HCFA REGION: 02 TOTAL STATIONS: 009 RENAL NETWORK: 25 PHONE:(718)830-1168
ST JOHN'S QUEENS HOSPITAL 90-02 QUEENS BLVD ELMHURST, NY 11373 PROVIDER NO: 330357	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 041684 OWNERSHIP: NONPROFIT INTERMEDIARY: 00300 CROSS-REFER NO:332382	HCFA REGION: 02 TOTAL STATIONS: 010 RENAL NETWORK: 25 PHONE:(718)457-1300
ARNOT OGDEN MEMORIAL HOSP ROE AVE GROVE ST ELMIRA, NY 14901 PROVIDER NO: 330090	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00300 CROSS-REFER NO:332318	HCFA REGION: 02 TOTAL STATIONS: 014 RENAL NETWORK: 26 PHONE:(607)737-4100
ST JOHNS EPISCOPAL HOSP-SO SHORE 327 BEACH/19TH ST FAR ROCKAWAY, NY 11691 PROVIDER NO: 330395	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 072181 OWNERSHIP: NONPROFIT INTERMEDIARY: 00300 CROSS-REFER NO:332379	HCFA REGION: 02 TOTAL STATIONS: 010 RENAL NETWORK: 25 PHONE:(718)337-5480
BOOTH MEMORIAL HOSP MAIN ST AT BOOTH MEM AVE FLUSHING, NY 11355 PROVIDER NO: 330055	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00300 CROSS-REFER NO:332311	HCFA REGION: 02 TOTAL STATIONS: 003 RENAL NETWORK: 25 PHONE:(212)718-1258
FLUSHING HOSP & MEDICAL CTR 4500 PARSONS BLVD FLUSHING, NY 11354 PROVIDER NO: 330193	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 092784 OWNERSHIP: NONPROFIT INTERMEDIARY: 00300 CROSS-REFER NO:332383	HCFA REGION: 02 TOTAL STATIONS: 010 RENAL NETWORK: 25 PHONE:(718)670-5000
BOOTH MEMORIAL HOSP SATELLITE 56-45 MAIN ST FLUSHING, NY 11355 PROVIDER NO: 332508	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00300 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 020 RENAL NETWORK: 25 PHONE:(718)961-0400
HUNTINGTON ARTIFICIAL KIDNEY CTR 267 W MERRICK RD FREEPORT, NY 11520 PROVIDER NO: 332529	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI	DATE APPROVED: 082885 OWNERSHIP: PROFIT INTERMEDIARY: 00300 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 020 RENAL NETWORK: 25 PHONE:(516)379-5000
GLENS FALLS HOSPITAL 100 PARK STREET GLENS FALLS, NY 12801 PROVIDER NO: 330191	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 071080 OWNERSHIP: NONPROFIT INTERMEDIARY: 00300 CROSS-REFER NO:332370	HCFA REGION: 02 TOTAL STATIONS: 005 RENAL NETWORK: 26 PHONE:(518)792-3161
SOUTH SHORE DIALYSIS CENTER INC 160 N FRANKLIN AVE HEMPSTEAD, NY 11550 PROVIDER NO: 332521	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 102083 OWNERSHIP: PROFIT INTERMEDIARY: 00300 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 016 RENAL NETWORK: 25 PHONE:(516)483-6702
ST JAMES MERCY HOSP-ESRD 411 CANISTEO ST HORNELL, NY 14843 PROVIDER NO: 330151	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 021986 OWNERSHIP: NONPROFIT INTERMEDIARY: 00300 CROSS-REFER NO:332386	HCFA REGION: 02 TOTAL STATIONS: 004 RENAL NETWORK: 26 PHONE:(607)324-3900

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HUNTINOTON HOSP 270 PARK AVE HUNTINOTON, NY 11743 PROVIOER NO: 330045	FACILITY TYPE: OIALYSIS CENTER STAFF-ASSISTEO: HEMO SELF-CARE: TRAININO:	OATE APPROVEO: 090177 OWNERSHIP: NONPROFIT INTERMEOIARY: 00308 CROSS-REFER NO:332310	HCFA REGION: 02 TOTAL STATIONS: 004 RENAL NETWORK: 2S PHONE:(S16)3S1-2000
HUNTINOTON ARTIFICIAL KIONEY CENTER 2S6 8ROADWAY HUNTINOTON STATION, NY 11746 PROVIOER NO: 332513	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAININO: HEMO CAPO	OATE APPROVEO: 121979 OWNERSHIP: PROFIT INTERMEOIARY: 00308 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 017 RENAL NETWORK: 2S PHONE:(S16)423-4320
QUEENS ARTIFICIAL KIONEY CTR 34-3S 70TH STREET JACKSON HEIOHTS, NY 11372 PROVIOER NO: 332617	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: HEMO TRAININO:	OATE APPROVEO: 071680 OWNERSHIP: PROFIT INTERMEOIARY: 00308 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 052 RENAL NETWORK: 2S PHONE:(718)6S1-9700
SOUTH QUEENS KIONEY CTR 17S-37 LI8ERTY AVE JAMAICA, NY 11433 PROVIOER NO: 332531	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAININO:	OATE APPROVEO: 031286 OWNERSHIP: PROFIT INTERMEOIARY: 00308 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 020 RENAL NETWORK: 2S PHONE:(718)297-9100
WOMANS CHRISTIAN ASSOC HOSP 207 FOOTE AVE JAMESTOWN, NY 14701 PROVIOER NO: 330239	FACILITY TYPE: OIALYSIS CENTER STAFF-ASSISTEO: HEMO PERI SELF-CARE: HEMO PERI TRAININO: HEMO PERI CAPO	OATE APPROVEO: 022680 OWNERSHIP: NONPROFIT INTERMEOIARY: 00308 CROSS-REFER NO:332369	HCFA REGION: 02 TOTAL STATIONS: 006 RENAL NETWORK: 26 PHONE:(716)487-0141
UNITED HEALTH SERVICES 33-S7 HARRISON ST (80K S40) JOHNSON CITY, NY 13790 PROVIOER NO: 330394	FACILITY TYPE: OIALYSIS CENTER STAFF-ASSISTEO: HEMO SELF-CARE: TRAININO: HEMO CAPO	OATE APPROVEO: 080181 OWNERSHIP: NONPROFIT INTERMEOIARY: 00308 CROSS-REFER NO:332373	HCFA REGION: 02 TOTAL STATIONS: 011 RENAL NETWORK: 26 PHONE:(607)773-6140
KINOSTON HOSP 396 8ROADWAY KINOSTON, NY 12401 PROVIOER NO: 330004	FACILITY TYPE: OIALYSIS CENTER STAFF-ASSISTEO: HEMO SELF-CARE: TRAININO:	OATE APPROVEO: 072077 OWNERSHIP: NONPROFIT INTERMEOIARY: 00308 CROSS-REFER NO:332372	HCFA REGION: 02 TOTAL STATIONS: 004 RENAL NETWORK: 2S PHONE:(914)331-3131
NORTH SHORE UNIV HOSP 300 COMMUNITY ORIVE MANHASSET, NY 11030 PROVIOER NO: 330106	FACILITY TYPE: OIALYSIS CENTER STAFF-ASSISTEO: HEMO PERI SELF-CARE: TRAININO: HEMO PERI CAPO	OATE APPROVEO: 090177 OWNERSHIP: NONPROFIT INTERMEOIARY: 00308 CROSS-REFER NO:332322	HCFA REGION: 02 TOTAL STATIONS: 02S RENAL NETWORK: 2S PHONE:(S16)S62-0100
ELIZA8ETH A HORTON MEMORIAL HOS^ 60 PROSPECT AVE MIOOLETOWN, NY 10940 PROVIOER NO: 330001	FACILITY TYPE: OIALYSIS CENTER STAFF-ASSISTEO: HEMO SELF-CARE: TRAININO: HEMO	OATE APPROVEO: 090177 OWNERSHIP: NONPROFIT INTERMEOIARY: S0333 CROSS-REFER NO:332300	HCFA REOION: 02 TOTAL STATIONS: 012 RENAL NETWORK: 2S PHONE:(914)343-2424
WINTHROP UNIVERSITY HOSPITAL 2S9 1ST ST MINEOLA, NY 11S01 PROVIOER NO: 330167	FACILITY TYPE: OIALYSIS CENTER STAFF-ASSISTEO: HEMO PERI SELF-CARE: TRAININO: CAPO	OATE APPROVEO: 090177 OWNERSHIP: NONPROFIT INTERMEOIARY: 00308 CROSS-REFER NO:332336	HCFA REGION: 02 TOTAL STATIONS: 016 RENAL NETWORK: 2S PHONE:(S16)663-2201
LONO ISLANO JEWISH HILLSIOE MEO CTR LAKEVILLE ROAO NEW HYOE PARK, NY 11042 PROVIOER NO: 330195	FACILITY TYPE: OIALYSIS CENTER STAFF-ASSISTEO: HEMO SELF-CARE: HEMO TRAININO: HEMO CAPO CCPO	OATE APPROVEO: 090177 OWNERSHIP: NONPROFIT INTERMEOIARY: 00308 CROSS-REFER NO:332341	HCFA REGION: 02 TOTAL STATIONS: 006 RENAL NETWORK: 2S PHONE:(718)470-2000

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NEW ROCHELLE HOSP MEDICAL CENTER 16 GUION PLACE NEW ROCHELLE, NY 10802 PROVIDER NO: 330184	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00308 CROSS-REFER NO:332339	HCFA REGION: 02 TOTAL STATIONS: 009 RENAL NETWORK: 2S PHONE:(914)632-5000
PRESBYTERIAN HOP 622 W 168TH ST NEW YORK, NY 10032 PROVIDER NO: 330012	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00308 CROSS-REFER NO:332305	HCFA REGION: 02 TOTAL STATIONS: 006 RENAL NETWORK: 2S PHONE:(212)305-2500
MOUNT SINAI MEDICAL CTR-9TH FL 1 G L LEVY PL HOUSMAN PAV NEW YORK, NY 10029 PROVIDER NO: 330024	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00308 CROSS-REFER NO:332307	HCFA REGION: 02 TOTAL STATIONS: 010 RENAL NETWORK: 2S PHONE:(212)241-8062
NY INFIRMARY-BEEKMAN DOWNTOWN HOSP 170 WILLIAM ST NEW YORK, NY 10038 PROVIDER NO: 330064	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 010181 OWNERSHIP: NONPROFIT INTERMEDIARY: 00308 CROSS-REFER NO:332326	HCFA REGION: 02 TOTAL STATIONS: 007 RENAL NETWORK: 2S PHONE:(212)233-5300
NEW YORK HOSP 525 E 68TH ST NEW YORK, NY 10021 PROVIDER NO: 330101	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00308 CROSS-REFER NO:332321	HCFA REGION: 02 TOTAL STATIONS: 004 RENAL NETWORK: 2S PHONE:(212)472-5487
LENOX HILL HOSP 100 E 77TH ST NEW YORK, NY 10021 PROVIDER NO: 330119	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00308 CROSS-REFER NO:332324	HCFA REGION: 02 TOTAL STATIONS: 008 RENAL NETWORK: 2S PHONE:(212)794-4256
ST LUKES HOSP CENTER AMSTERDAM AVE & 114TH ST NEW YORK, NY 10025 PROVIDER NO: 330120	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD CCPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00308 CROSS-REFER NO:332325	HCFA REGION: 02 TOTAL STATIONS: 010 RENAL NETWORK: 2S PHONE:(212)870-1763
MEMORIAL HOSP 1275 YORK AVE NEW YORK, NY 10021 PROVIDER NO: 330154	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00308 CROSS-REFER NO:332334	HCFA REGION: 02 TOTAL STATIONS: 007 RENAL NETWORK: 2S PHONE:(212)794-7821
BETH ISRAEL MEDICAL CENTER 1ST AVE AT 16TH ST NEW YORK, NY 10003 PROVIDER NO: 330169	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI	DATE APPROVED: 011786 OWNERSHIP: NONPROFIT INTERMEDIARY: 00308 CROSS-REFER NO:332387	HCFA REGION: 02 TOTAL STATIONS: 010 RENAL NETWORK: 2S PHONE:(212)420-2000
METROPOLITAN HOSP CENTER 1901 1ST AVE NEW YORK, NY 10029 PROVIDER NO: 330199	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00308 CROSS-REFER NO:332344	HCFA REGION: 02 TOTAL STATIONS: 006 RENAL NETWORK: 2S PHONE:(212)230-6401
BELLEVUE HOSPITAL 27TH ST & FIRST AVE NEW YORK, NY 10016 PROVIDER NO: 330204	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00308 CROSS-REFER NO:332347	HCFA REGION: 02 TOTAL STATIONS: 006 RENAL NETWORK: 2S PHONE:(212)561-3212

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UNIVERSITY HDSP 56D FIRST AVE NEW YORK, NY 10D16 PROVIDER NO: 330214	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAININD:	DATE APPRDVED: 09D177 DWNERSHIP: NDNPRDFIT INTERMEDIARY: 0D3D8 CROSS-REFER NO:332349	HCFA REGION: 02 TOTAL STATIONS: 0D4 RENAL NETWORK: 2S PHONE:(212)340-S5DD
ST CLARES HOSP HEALTH CENTER 41S W 51ST ST NEW YDRK, NY 1DD19 PROVIDER NO: 33023D	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAININO:	DATE APPROVEO: 072781 OWNERSHIP: NONPROFIT INTERMEDIARY: 0D308 CROSS-REFER NO:332376	HCFA REGION: 02 TOTAL STATIONS: 006 RENAL NETWORK: 2S PHONE:(2I2)S86-1500
HARLEM HOSP CTR SD6 LENDX AVE NEW YDRK, NY 10D37 PROVIDER NO: 330240	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAININD:	DATE APPROVEO: 09D177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00308 CROSS-REFER NO:3323S4	HCFA REGION: 02 TOTAL STATIONS: 004 RENAL NETWORK: 2S PHONE:(212)491-8400
ST VINCENTS HOSP MEDICAL CENTER 1S3 W 11TH ST NEW YORK, NY 1DD11 PRDVIDER ND: 33D29D	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAININD:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 0D3D8 CROSS-REFER NO:332361	HCFA REGION: 02 TOTAL STATIONS: 004 RENAL NETWORK: 2S PHONE:(212)790-8323
MANHATTAN KIDNEY CENTER 4D EAST 3DTH ST NEW YDRK, NY 1D016 PROVIDER NO: 3325D2	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAININD: HEMO CAPD	DATE APPROVED: 090I77 OWNERSHIP: NONPROFIT INTERMEDIARY: 0D308 CRDSS-REFER NO:	HCFA REOION: 02 TOTAL STATIONS: 032 RENAL NETWORK: 2S PHONE:(2I2)72S-SS40
T CARDINAL COOKE HEALTH CTR-DIALYSIS 1249 FIFTH AVE NEW YORK, NY 10D29 PRDVIDER ND: 332S14	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO: HEMO	DATE APPRDVED: 100179 OWNERSHIP: NONPROFIT INTERMEDIARY: 0D308 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 019 RENAL NETWORK: 2S PHONE:(212)360-3860
RDOOSIN INSTITUTE 429 EAST 71ST ST NEW YDRK, NY 1D021 PROVIDER NO: 332S2D	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININD: HEMO PERI CAPD	DATE APPRDVED: 092382 DWNERSHIP: NONPROFIT INTERMEDIARY: 00308 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 027 RENAL NETWORK: 2S PHONE:(212)472-S487
CITY DIALYSIS CENTER INC 1DS EAST 1D6 ST NEW YORK, NY 1DD29 PROVIDER NO: 332S24	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININO: CAPD	DATE APPROVED: 070584 OWNERSHIP: PROFIT INTERMEDIARY: 003D8 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 020 RENAL NETWORK: 2S PHONE:(212)348-6637
WEST MANHATTAN KIDNEY CENTER S5D AMSTERDAM AVE NEW YORK, NY 1DD24 PRDVIDER NO: 332527	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININD: HEMO PERI	DATE APPROVED: 120784 OWNERSHIP: PROFIT INTERMEDIARY: 00308 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 009 RENAL NETWORK: 2S PHONE:(2I2)496-2333
LOWER MANHATTAN DIALYSIS CENTER 107 THIRD AVE NEW YORK, NY 1DD03 PROVIDER ND: 332S28	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO:	DATE APPROVED: 08080S OWNERSHIP: PROFIT INTERMEDIARY: 00308 CROSS-REFER NO:	HCFA REOION: 02 TOTAL STATIONS: 014 RENAL NETWORK: 2S PHONE:(212)673-6320
SOUTHERN MANHATTAN DIALYSIS CTR 330 WEST 13TH ST NEW YDRK, NY 1D014 PRDVIDER NO: 332S30	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAININO: HEMO PERI	DATE APPROVEO: 11208S DWNERSHIP: PROFIT INTERMEDIARY: 00308 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 016 RENAL NETWORK: 2S PHONE:(2I2)675-6880

STATE=NEW YORK CONTINUED

VA MEDICAL CENTER RENAL UNIT MIDDLEVILLE RD NORTHPORT, NY 11768 PROVIDER NO: 33019F	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: D62382 OWNERSHIP: NONPROFIT INTERMEDIARY: 9999D CROSS-REFER NO:332378	HCFA REGION: D2 TOTAL STATIONS: D1D RENAL NETWORK: 2S PHONE:(S16)261-44DD
SOUTH NASSAU COMM HOSP 244S OCEANSIDE RD OCEANSIDE, NY IIS72 PROVIDER NO: 330198	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: D11687 OWNERSHIP: NONPROFIT INTERMEDIARY: DD3D8 CROSS-REFER NO:	HCFA REGION: D2 TOTAL STATIONS: DD4 RENAL NETWORK: 25 PHONE:( ) -
A BARTON HEPBURN HOSP 2I4 KING ST OGDENSBURG, NY 13669 PROVIDER NO: 330211	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: D9D177 OWNERSHIP: NONPROFIT INTERMEDIARY: DD3D8 CROSS-REFER NO:332348	HCFA REGION: D2 TOTAL STATIONS: 007 RENAL NETWORK: 26 PHONE:(31S)393-36DD
BROOKHAVEN MEMORIAL HOSP I01 HOSPITAL ROAD PATCHOGUE, NY 11772 PROVIDER NO: 33014I	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: D9D177 OWNERSHIP: NONPROFIT INTERMEDIARY: DD3D8 CROSS-REFER NO:332332	HCFA REGION: D2 TOTAL STATIONS: 006 RENAL NETWORK: 2S PHONE:(516)6S4-710D
CHAMPLAIN VALLEY PHYSICIANS HOSP 100 BEEKMAN ST PLATTSBURGH, NY 12901 PROVIDER NO: 3302SO	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: D9D177 OWNERSHIP: NONPROFIT INTERMEDIARY: DD3D8 CROSS-REFER NO:332356	HCFA REGION: D2 TOTAL STATIONS: D05 RENAL NETWORK: 26 PHONE:(518)561-2DDD
ST FRANCIS HOSP NORTH RD POUGHKEEPSIE, NY I260I PROVIDER NO: 330067	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: D41877 OWNERSHIP: NONPROFIT INTERMEDIARY: DD3D8 CROSS-REFER NO:33231S	HCFA REGION: D2 TOTAL STATIONS: D15 RENAL NETWORK: 25 PHONE:(914)471-2DDD
LONG ISLAND JEWISH HOSP SATELLITE 214-6S JAMAICA AVE QUEENS VILLAGE, NY 11427 PROVIDER NO: 333503	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: D9D177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00308 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: D15 RENAL NETWORK: 25 PHONE:(718)464-4646
CENTRAL SUFFOLK HOSP 244 OLD COUNTRY RD RIVERHEAD, NY 11901 PROVIDER NO: 330107	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 11D283 OWNERSHIP: NONPROFIT INTERMEDIARY: DD308 CROSS-REFER NO:332381	HCFA REGION: D2 TOTAL STATIONS: 0D8 RENAL NETWORK: 25 PHONE:(516)369-6DDD
ROCHESTER GEN HOSP I42S PORTLAND AVE ROCHESTER, NY I4621 PROVIDER NO: 330I2S	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 0D3D8 CROSS-REFER NO:332327	HCFA REGION: 02 TOTAL STATIONS: 012 RENAL NETWORK: 26 PHONE:(716)338-400D
GENESEE HOSP 244 ALEXANDER ST ROCHESTER, NY 14607 PROVIDER NO: 330103	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00308 CROSS-REFER NO:332338	HCFA REGION: D2 TOTAL STATIONS: DD8 RENAL NETWORK: 26 PHONE:(716)263-6380
STRONG MEM HOSP (ESRD) 601 ELMWOOD AVE ROCHESTER, NY 14642 PROVIDER NO: 33020S	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CCPD	DATE APPROVED: D9D177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00308 CROSS-REFER NO:332358	HCFA REGION: 02 TOTAL STATIONS: DD4 RENAL NETWORK: 26 PHONE:(716)275-4605

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REDIONAL HDSPITAL SVCS INC 336 MT VERNON AVE RDCHESTER, NY 14620 PRDVIDER ND: 332515	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININD: HEMO	DATE APPROVED: 030481 DWNERSHIP: NONPRDFIT INTERMEDIARY: 003D8 CROSS-REFER ND:	HCFA REGION: 02 TOTAL STATIONS: 02D RENAL NETWORK: 26 PHONE:(716)461-S6DS
TDWNE HDUSE DIALYSIS UNIT 132S MT HDPE AVE RDCHESTER, NY 1462D PRDVIDER NO: 332S26	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININD: HEMO PERI CCPD	DATE APPRDVED: 123184 DWNERSHIP: NONPRDFIT INTERMEDIARY: 00308 CROSS-REFER NO:	HCFA REGIDN: 02 TDTAL STATIONS: D20 RENAL NETWDRK: 26 PHONE:(716)461-007D
CAPITAL DISTRICT DIALYSIS CTR INC 1101 NDTT ST SCHENECTADY, NY 123DB PRDVIDER ND: 332523	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININD: HEMO PERI CAPD	DATE APPRDVED: 061484 DWNERSHIP: PRDFIT INTERMEDIARY: 00308 CROSS-REFER ND:	HCFA REGIDN: D2 TDTAL STATIONS: 008 RENAL NETWDRK: 26 PHONE:(S18)382-D202
CENTRAL SUFFDLK ARTIFICIAL KIDNEY CTR 1244 MIDDLE CDUNTRY RD SELDEN, NY 11784 PRDVIDER ND: 332S18	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: HEMO CAPD	DATE APPRDVED: 12D381 DWNERSHIP: PRDFIT INTERMEDIARY: 00308 CROSS-REFER ND:	HCFA REGION: 02 TDTAL STATIONS: 008 RENAL NETWDRK: 2S PHONE:(S16)732-SS88
STATEN ISLAND HDSP 47S SEAVIEW AVE STATEN ISLAND, NY 1D3D5 PRDVIDER ND: 33016D	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: HEMO	DATE APPRDVED: D90177 DWNERSHIP: NDNPRDFIT INTERMEDIARY: DD308 CRDSS-REFER ND:33233S	HCFA REGION: D2 TDTAL STATIDNS: 004 RENAL NETWDRK: 2S PHONE:(718)39D-900D
BAYLEY SETDN HDSPITAL BAY ST & VANDERBILT AVE STATEN ISLAND, NY 1D3D4 PRDVIDER ND: 33D3B1	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: CAPD	DATE APPRDVED: D9D177 DWNERSHIP: NDNPRDFIT INTERMEDIARY: 00308 CRDSS-REFER ND:332368	HCFA REGION: 02 TDTAL STATIDNS: 018 RENAL NETWDRK: 2S PHONE:(718)747-301D
ISLAND REHABILITATIVE SERVICE CORP 470 SEAVIEW AVE STATEN ISLAND, NY 103DS PRDVIDER ND: 332S11	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: CAPD	DATE APPRDVED: 11D779 DWNERSHIP: PRDFIT INTERMEDIARY: DD3D8 CRDSS-REFER ND:	HCFA REGION: 02 TDTAL STATIONS: 022 RENAL NETWDRK: 2S PHONE:(718)987-S942
RICHMOND KIDNEY CENTER 1366 VICTDRY BLVD STATEN ISLAND, NY 1D3D1 PRDVIDER ND: 332525	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAININD: HEMO PERI CAPD	DATE APPRDVED: 062D84 DWNERSHIP: PRDFIT INTERMEDIARY: 0D3D8 CRDSS-REFER ND:	HCFA REGIDN: 02 TDTAL STATIONS: 021 RENAL NETWDRK: 2S PHONE:(718)816-62DD
UNIVERSITY HDSP,HEALTH SCIENCE CTR STATE UNIV DF NEW YDRK STDNYBRDDK, NY 11794 PRDVIDER ND: 33D393	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: HEMO CAPD	DATE APPRDVED: 031D80 DWNERSHIP: NDNPRDFIT INTERMEDIARY: DD308 CRDSS-REFER ND:332371	HCFA REGION: 02 TDTAL STATIDNS: 008 RENAL NETWDRK: 2S PHONE:(S16)444-2689
DDDD SAMARITAN HDSP-WEIS RENAL CTR RT S9 SUFFERN, NY 1D9D1 PRDVIDER ND: 3301S8	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: CAPD	DATE APPRDVED: 080382 DWNERSHIP: NDNPRDFIT INTERMEDIARY: 00308 CRDSS-REFER ND:332977	HCFA REDIDN: D2 TDTAL STATIONS: 010 RENAL NETWDRK: 2S PHONE:(914)3S7-33DD
ST JDSEPHS HDSP HEALTH CENTER 301 PRDSPECT AVE SYRACUSE, NY 132D3 PRDVIDER ND: 33D140	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO TRAININD: HEMO PERI CAPD	DATE APPRDVED: 082277 DWNERSHIP: NDNPRDFIT INTERMEDIARY: 00308 CRDSS-REFER ND:332331	HCFA REDIDN: 02 TDTAL STATIDNS: 024 RENAL NETWDRK: 26 PHONE:(315)424-S144

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STATE UNIV HOSP-UPSTATE MED CTR 750 E ADAMS ST SYRACUSE, NY 13210 PROVIDER NO: 330241	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00300 CROSS-REFER NO:332355	HCFA REGION: 02 TOTAL STATIONS: 009 RENAL NETWORK: 26 PHONE:(315)473-4655
HORTENSE & L R DIALYSIS CTR 1850 PEOPLES AVE TROY, NY 12180 PROVIDER NO: 332532	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO	DATE APPROVED: 050986 OWNERSHIP: NONPROFIT INTERMEDIARY: 00300 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 006 RENAL NETWORK: 26 PHONE:(518)271-0702
ST LUKES MEMORIAL HOSP CENTER BOX479 UTICA, NY 13503 PROVIDER NO: 330044	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00300 CROSS-REFER NO:332309	HCFA REGION: 02 TOTAL STATIONS: 018 RENAL NETWORK: 26 PHONE:(315)798-6000
WESTCHESTER COUNTY MED CTR RENAL DIALYSIS UNIT VALHALLA, NY 10595 PROVIDER NO: 330234	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00300 CROSS-REFER NO:332353	HCFA REGION: 02 TOTAL STATIONS: 010 RENAL NETWORK: 25 PHONE:(914)285-7700
WESTCHESTER ARTIFICIAL KIDNEY CENTER 503 GRASSLANDS RD VALHALLA, NY 10595 PROVIDER NO: 332504	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00300 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 020 RENAL NETWORK: 25 PHONE:(914)592-5858
MERCY HOSPITAL OF WATERTOWN 210 STONE ST WATERTOWN, NY 13601 PROVIDER NO: 330015	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 081684 OWNERSHIP: NONPROFIT INTERMEDIARY: 00300 CROSS-REFER NO:332304	HCFA REGION: 02 TOTAL STATIONS: 006 RENAL NETWORK: 26 PHONE:(315)782-7400
GOOD SAMARITAN HOSPITAL 1000 MONTAUK HIGHWAY WEST ISLIP, NY 11795 PROVIDER NO: 330286	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00300 CROSS-REFER NO:332359	HCFA REGION: 02 TOTAL STATIONS: 002 RENAL NETWORK: 25 PHONE:(516)665-1880
ST JOSEPHS HOSP 127 S BROADWAY YONKERS, NY 10701 PROVIDER NO: 330006	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00300 CROSS-REFER NO:332303	HCFA REGION: 02 TOTAL STATIONS: 016 RENAL NETWORK: 25 PHONE:(914)965-6700

STATE=NORTH CAROLINA

0MA OF ASHE0ORO INC 212 FOUST ST ASHE0ORO, NC 27203 PROVIOER NO: 342524	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAINING:	OATE APPROVEO: 100186 OWNERSHIP: PROFIT INTERMEOIARY: 00310 CROSS-REFER NO:	HCFA REOION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 21 PHONE:(919)626-0464
MEMORIAL MISSION HOSP 509 OILTMORE AVE ASHEVILLE, NC 28801 PROVIOER NO: 340002	FACILITY TYPE: OIALYSIS CENTER STAFF-ASSISTEO: HEMO SELF-CARE: TRAINING:	OATE APPROVED: 060177 OWNERSHIP: NONPROFIT INTERMEOIARY: 00310 CROSS-REFER NO:342300	HCFA REGION: 04 TOTAL STATIONS: 004 RENAL NETWORK: 21 PHONE:(704)255-4294
ASHEVILLE KIONEY CENTER INC 10 MCOOWELL 6T. ASHEVILLE, NC 28801 PROVIOER NO: 342606	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPO	OATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEOIARY: 00310 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 022 RENAL NETWORK: 21 PHONE:(704)258-8545
NORTH CAROLINA MEMORIAL HOSP- MANNING OR-P.O. 80K 501 CHAPEL HILL, NC 27514 PROVIOER NO: 340061	FACILITY TYPE: TRANSPLANT/OIALYSIS CTR STAFF-ASSISTEO: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPO	OATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEOIARY: 00310 CROSS-REFER NO:342305	HCFA REOION: 04 TOTAL STATIONS: 025 RENAL NETWORK: 21 PHONE:(919)966-4350
CHARLOTTE MEMORIAL HO6P 1000 8LYTHE OLVO-00K 32061 CHARLOTTE, NC 28232 PROVIOER NO: 340113	FACILITY TYPE: TRANSPLANT/OIALYSIS CTR STAFF-ASSISTEO: HEMO PERI SELF-CARE: TRAINING:	OATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEOIARY: 00310 CROSS-REFER NO:342306	HCFA REOION: 04 TOTAL STATIONS: 009 RENAL NETWORK: 21 PHONE:(704)338-2098
METROLINA KIONEY CENTER INC 928 8AXTER ST CHARLOTTE, NC 28204 PROVIOER NO: 342503	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPO	OATE APPROVEO: 090176 OWNERSHIP: PROFIT INTERMEOIARY: 00310 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 054 RENAL NETWORK: 21 PHONE:(704)374-1321
CHARLOTTE ARTIFICIAL KIONEY CLINIC 632 8 MATTHEWS MINT HILL RO CHARLOTTE, NC 28105 PROVIOER NO: 342523	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPO CCPO	OATE APPROVEO: 080606 OWNERSHIP: PROFIT INTERMEOIARY: 00310 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 007 RENAL NETWORK: 21 PHONE:(704)847-0150
PRES8YTERIAN HOSPITAL (ESRD) 200 HAWTHORNE LA. P.O. 80X 33549 CHARLOTTE, NC 28204 PROVIOER NO: 340053	FACILITY TYPE: OIALYSIS FACILITY-HOSP STAFF-ASSISTEO: HEMO SELF-CARE: TRAINING:	OATE APPROVEO: 090586 OWNERSHIP: NONPROFIT INTERMEOIARY: 00310 CROSS-REFER NO:342309	HCFA REGION: 04 TOTAL STATIONS: 002 RENAL NETWORK: 21 PHONE:(704)371-4444
METROLINA KIONEY CENTER/CONCORO UNIT 217 0RANCHVIEW OR S.E. CONCORO, NC 28025 PROVIOER NO: 342519	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAINING:	OATE APPROVEO: 082085 OWNERSHIP: PROFIT INTERMEOIARY: 00310 CROSS-REFER NO:	HCFA REOION: 04 TOTAL STATIONS: 018 RENAL NETWORK: 21 PHONE:(704)782-4152
NEUSE RIVER OIALYSIS CENTER RT 2 80K 101 8 CREEOMOOR, NC 27522 PROVIOER NO: 342520	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO PERI SELF-CARE: TRAINING: HEMO CAPO	OATE APPROVEO: 031486 OWNERSHIP: PROFIT INTERMEOIARY: 00310 CROSS-REFER NO:	HCFA REOION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 21 PHONE:(919)575-6441
OUKE UNIVERSITY MEOICAL CENTER P.O. 80K 2904 OURHAM, NC 27710 PROVIOER NO: 340030	FACILITY TYPE: TRANSPLANT/OIALYSIS CTR STAFF-ASSISTEO: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPO	OATE APPROVEO: 090176 OWNERSHIP: NONPROFIT INTERMEOIARY: 00310 CROSS-REFER NO:342302	HCFA REOION: 04 TOTAL STATIONS: 024 RENAL NETWORK: 21 PHONE:(919)684-3021

STATE=NORTH CAROLINA CONTINUED

ALBEMARLE DIALYSIS CENTER INC 1140 NORTH ROAD STREET ELIZABETH CITY, NC 27909 PROVIDER NO: 342S1S	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 030182 OWNERSHIP: PROFIT INTERMEDIARY: 00310 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 21 PHONE:(919)338-2217
FAYETTEVILLE KIDNEY CENTER INC 1315 AVON ST-P.O.BOX 6466S FAYETTEVILLE, NC 28306 PROVIDER NO: 342S10	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 121977 OWNERSHIP: PROFIT INTERMEDIARY: 00310 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 050 RENAL NETWORK: 21 PHONE:(919)323-5288
METROLINA KIDNEY CENTER-GASTON CO RT 5 BOX 64 GASTONIA, NC 28054 PROVIDER NO: 342S13	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 111280 OWNERSHIP: PROFIT INTERMEDIARY: 00310 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 020 RENAL NETWORK: 21 PHONE:(704)824-4381
GREENSBORO KIDNEY CENTER INC. 200 W WENDOVER AVE GREENSBORO, NC 27401 PROVIDER NO: 342S04	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 00310 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 047 RENAL NETWORK: 21 PHONE:(919)378-9497
PITT CO MEM HOSP STANTONSBURG RD-BOX 6028 GREENVILLE, NC 27834 PROVIDER NO: 340040	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 120880 OWNERSHIP: NONPROFIT INTERMEDIARY: 00310 CROSS-REFER NO:342303	HCFA REGION: 04 TOTAL STATIONS: 006 RENAL NETWORK: 21 PHONE:(919)551-4464
GREENVILLE DIALYSIS CENTER DOCTORS PARK BLDG 6 GREENVILLE, NC 27834 PROVIDER NO: 342S02	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 00310 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 029 RENAL NETWORK: 21 PHONE:(919)752-1520
NORTHWESTERN DIALYSIS FACILITY INC 350 THIRD AVE NW HICKORY, NC 28601 PROVIDER NO: 342S16	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING:	DATE APPROVED: 081283 OWNERSHIP: PROFIT INTERMEDIARY: 00310 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 013 RENAL NETWORK: 21 PHONE:(704)324-9580
HIGH POINT KIDNEY CENTER INC P.O. BOX 5944 HIGH POINT, NC 27262 PROVIDER NO: 342S14	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI	DATE APPROVED: 090182 OWNERSHIP: PROFIT INTERMEDIARY: 00310 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 018 RENAL NETWORK: 21 PHONE:(919)889-9200
KINSTON DIALYSIS UNIT 1610 NORTH QUEEN ST KINSTON, NC 28501 PROVIDER NO: 342S18	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 020185 OWNERSHIP: PROFIT INTERMEDIARY: 00310 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 016 RENAL NETWORK: 21 PHONE:(919)522-5725
NORTHWESTERN DIALYSIS FACILITY INC 322 MULBERRY ST SW-PO BOX 1258 LENOIR, NC 28645 PROVIDER NO: 342S09	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 080177 OWNERSHIP: PROFIT INTERMEDIARY: 00310 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 018 RENAL NETWORK: 21 PHONE:(704)754-5322
LUMBERTON DIALYSIS UNIT 720 WESLEY PINES RD LUMBERTON, NC 28358 PROVIDER NO: 342S28	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 112586 OWNERSHIP: PROFIT INTERMEDIARY: 00310 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 016 RENAL NETWORK: 21 PHONE:(919)738-2421

STATE=NORTH CAROLINA CONTINUED

METROLINA KIDNEY CENTER 870 SUNSET DR MONROE, NC 28110 PROVIDER NO: 342525	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 100886 OWNERSHIP: PROFIT INTERMEDIARY: 00310 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 21 PHONE:(704)289-8407
MONROE DIALYSIS CENTER 701 E ROOSEVELT, BLDG 758 MONROE, NC 28110 PROVIDER NO: 342525	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 112486 OWNERSHIP: PROFIT INTERMEDIARY: 00310 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 21 PHONE:(704)283-0858
OUTER BANKS DIALYSIS CENTER INC 2917 S CROATAN HIGHWAY NAGS HEAD, NC 27959 PROVIDER NO: 342530	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 091587 OWNERSHIP: PROFIT INTERMEDIARY: 00310 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 004 RENAL NETWORK: 21 PHONE:(919)441-0424
THE RALEIGH CLINIC DIALYSIS FACILITY 201 SWINBURNE ST RALEIGH, NC 27610 PROVIDER NO: 342512	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 100180 OWNERSHIP: PROFIT INTERMEDIARY: 00310 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 028 RENAL NETWORK: 21 PHONE:(919)755-0146
WAKE KIDNEY CLINIC PA 4021 BARRETT DR RALEIGH, NC 27609 PROVIDER NO: 342522	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 070785 OWNERSHIP: PROFIT INTERMEDIARY: 00310 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 016 RENAL NETWORK: 21 PHONE:(919)782-9301
ROCKY MOUNT KIDNEY CENTER 234 HILL STREET ROCKY MOUNT, NC 27801 PROVIDER NO: 342517	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 111883 OWNERSHIP: PROFIT INTERMEDIARY: 00310 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 020 RENAL NETWORK: 21 PHONE:(919)446-0211
DIALYSIS CLINIC OF SHELBY, INC. 1016 N LAFAYETTE ST SHELBY, NC 28150 PROVIDER NO: 342529	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI	DATE APPROVED: 010887 OWNERSHIP: NONPROFIT INTERMEDIARY: 00310 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 21 PHONE:(704)481-8412
STATESVILLE DIALYSIS CTR INC 627 SIGNAL HILL DR EXT STATESVILLE, NC 28677 PROVIDER NO: 342527	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD CCPD	DATE APPROVED: 120586 OWNERSHIP: PROFIT INTERMEDIARY: 00310 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 014 RENAL NETWORK: 21 PHONE:(704)872-0148
SOUTHEASTERN DIALYSIS CTR 615 S MADISON ST WHITEVILLE, NC 28472 PROVIDER NO: 342521	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 042286 OWNERSHIP: PROFIT INTERMEDIARY: 00310 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 21 PHONE:(919)642-0233
SOUTHEASTERN DIALYSIS CENTER INC 2215 YAUPON DRIVE WILMINGTON, NC 28401 PROVIDER NO: 342511	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 032679 OWNERSHIP: NONPROFIT INTERMEDIARY: 00310 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 036 RENAL NETWORK: 21 PHONE:(919)343-0664
CAROLINA CLINIC KIDNEY CENTER 1700 S TARBORO ST WILSON, NC 27893 PROVIDER NO: 342507	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 00310 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 022 RENAL NETWORK: 21 PHONE:(919)291-8417

STATE=NORTH CAROLINA CONTINUED

NORTH CAROLINA BAPTIST HOSP- 300 S HAWTHORNE RD WINSTON-SALEM, NC 27103 PROVIDER NO: 340047	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00310 CROSS-REFER NO:342304	HCFA REGION: 04 TOTAL STATIONS: 004 RENAL NETWORK: 21 PHONE:(919)748-2011
PIEDMONT DIALYSIS CENTER INC 120 MILLER ST WINSTON-SALEM, NC 27104 PROVIDER NO: 342505	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 00310 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 080 RENAL NETWORK: 21 PHONE:(919)721-1360

STATE=NORTH DAKOTA

ST ALEXIUS MEDICAL CTR 900 E BROADWAY BISMARCK, ND 58502 PROVIDER NO: 350002	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 070587 OWNERSHIP: NONPROFIT INTERMEDIARY: 00320 CROSS-REFER NO:352300	HCFA REGION: 08 TOTAL STATIONS: 011 RENAL NETWORK: 07 PHONE:(701)224-7108
MEDCENTER ONE-ERD UNIT 300 N 7TH STREET BISMARCK, ND 58501 PROVIDER NO: 350015	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 031087 OWNERSHIP: NONPROFIT INTERMEDIARY: 00320 CROSS-REFER NO:352304	HCFA REGION: 08 TOTAL STATIONS: 002 RENAL NETWORK: 07 PHONE:(701)224-5000
DAKOTA HOSPITAL 1720 S UNIVERSITY DR-BOX 5014 FARGO, ND 58103 PROVIDER NO: 350004	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 080177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00320 CROSS-REFER NO:352301	HCFA REGION: 08 TOTAL STATIONS: 014 RENAL NETWORK: 07 PHONE:(701)280-4495
UNITED HOSPITAL 1200 S. COLUMBIA RD. GRAND FORKS, ND 58201 PROVIDER NO: 350019	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 081877 OWNERSHIP: NONPROFIT INTERMEDIARY: 00320 CROSS-REFER NO:352302	HCFA REGION: 08 TOTAL STATIONS: 009 RENAL NETWORK: 07 PHONE:(701)780-5877
TRINITY MEDICAL CENTER HOSP BURDICK EXPRESSWAY MINOT, ND 58701 PROVIDER NO: 350043	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 071778 OWNERSHIP: NONPROFIT INTERMEDIARY: 00320 CROSS-REFER NO:352303	HCFA REGION: 08 TOTAL STATIONS: 007 RENAL NETWORK: 07 PHONE:(701)857-5404

STATE=OHIO

AKRON CITY HOSPITAL 525 EAST MARKET STREET AKRON, OH 44309 PROVIDER NO: 360015	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00334 CROSS-REFER NO:362303	HCFA REGION: 05 TOTAL STATIONS: 008 RENAL NETWORK: 22 PHONE:(216)375-3896
ST THOMAS HOSPITAL MEDICAL CENTER 444 NORTH MAIN STREET AKRON, OH 44310 PROVIDER NO: 360020	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 082079 OWNERSHIP: NONPROFIT INTERMEDIARY: 00334 CROSS-REFER NO:362329	HCFA REGION: 05 TOTAL STATIONS: 004 RENAL NETWORK: 22 PHONE:(216)379-1111
BIO-MEDICAL APPLICATIONS OF AKRON INC 345 BISHOP STREET AKRON, OH 44307 PROVIDER NO: 362503	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 00334 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 022 RENAL NETWORK: 22 PHONE:(216)376-4905
CHILDREN'S HOSP MEDICAL CTR 281 LOCUST ST AKRON, OH 44308 PROVIDER NO: 363303	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 121383 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:362328	HCFA REGION: 05 TOTAL STATIONS: 002 RENAL NETWORK: 22 PHONE:(216)379-8773
FRANK NAPPI FOUNDATION KIDNEY DIAL CTR 1047 LAKE AVENUE ASHTABULA, OH 44004 PROVIDER NO: 362507	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 113080 OWNERSHIP: NONPROFIT INTERMEDIARY: 00363 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 006 RENAL NETWORK: 22 PHONE:(216)964-9777
AULTMAN HOSPITAL 2600 6TH STREET CANTON, OH 44710 PROVIDER NO: 360004	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: HEMO PERI TRAINING: CAPD	DATE APPROVED: 020482 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:362325	HCFA REGION: 05 TOTAL STATIONS: 008 RENAL NETWORK: 22 PHONE:(216)438-7475
UNIVERSITY HOSPITAL 231 BETHESDA AVE CINCINNATI, OH 45267 PROVIDER NO: 360003	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:362300	HCFA REGION: 05 TOTAL STATIONS: 008 RENAL NETWORK: 17 PHONE:(513)872-3100
GOOD SAMARITAN HOSPITAL 3217 CLIFTON AVENUE CINCINNATI, OH 45220 PROVIDER NO: 360134	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:362316	HCFA REGION: 05 TOTAL STATIONS: 009 RENAL NETWORK: 17 PHONE:(513)872-2448
CHRIST HOSPITAL 2139 AUBURN AVENUE CINCINNATI, OH 45219 PROVIDER NO: 360163	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:362319	HCFA REGION: 05 TOTAL STATIONS: 013 RENAL NETWORK: 17 PHONE:(513)369-2515
COMMUNITY LIMITED CARE DIALYSIS CTR 2915 CLIFTON AVE CINCINNATI, OH 45220 PROVIDER NO: 362502	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 019 RENAL NETWORK: 17 PHONE:(513)872-2733
DIALYSIS CLINICS INC. 499 E MCMILLAN CINCINNATI, OH 45206 PROVIDER NO: 362504	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 027 RENAL NETWORK: 17 PHONE:(513)281-0091

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CHILDRENS HOSP MED CTR-E6RD ELLAND AND BETHESDA AVES CINCINNATI, OH 45229 PROVIDER NO: 3633DO	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININO: CAPD	OATE APPROVED: O3OI77 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:362321	HCFA REOION: 0S TOTAL STATIONS: 006 RENAL NETWORK: 17 PHONE:(S13)SS3-4200
6T JOHN HOSPITAL 7911 DETROIT AVE CLEVELAND, OH 441D2 PROVIDER NO: 36DD53	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: CAPD	DATE APPROVED: O3OI77 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:362303	HCFA REGION: 0S TOTAL STATIONS: 007 RENAL NETWORK: 22 PHONE:(2I6)6S1-7000
CLEVELAND METRO DEN HOSP 333S SCRANTON RD CLEVELAND, OH 441D6 PROVIDER NO: 36DD69	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININD: CAPD	OATE APPROVED: D3D177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:3623IO	HCFA REGION: 0S TOTAL STATIONS: 008 RENAL NETWORK: 22 PHONE:(216)4S3-44I2
MT SINAI MEDICAL CTR UNIVERSITY CIRCLE CLEVELAND, OH 44106 PROVIDER NO: 36DD7S	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININD:	DATE APPROVED: O3O177 OWNERSHIP: NONPROFIT INTERMEOIARY: 00332 CROSS-REFER NO:362311	HCFA REGION: 0S TOTAL STATIONS: 014 RENAL NETWORK: 22 PHONE:(2I6)42I-3772
UNIVERSITY HOSPITALS OF CLEVELAND 2D74 ABINDTON RD CLEVELAND, OH 441D6 PROVIDER NO: 36D137	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: CAPD	DATE APPROVED: O3D177 OWNERSHIP: NONPROFIT INTERMEDIARY: 0D332 CROSS-REFER NO:362316	HCFA REOION: 0S TOTAL STATIONS: 0IO RENAL NETWORK: 22 PHONE:(216)444-I000
CLEVELAND CLINIC FOUNDATION 950D EUCLID CLEVELAND, OH 441D6 PROVIDER NO: 3601BD	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININD: HEMO PERI CAPO	DATE APPROVEO: O3D177 OWNERSHIP: NONPROFIT INTERMEDIARY: 0D332 CROSS-REFER NO:362320	HCFA REGION: 0S TOTAL STATIONS: 028 RENAL NETWORK: 22 PHONE:(2I6)444-2480
RIVERSIDE METHODIST HOSPITAL 3S3S OLENTANDY RIVER RD COLUMBUS, OH 43214 PROVIDER NO: 36DDD6	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININD: HEMO PERI CAPD	DATE APPROVED: O3OI77 OWNERSHIP: NONPROFIT INTERMEDIARY: DD334 CROSS-REFER NO:362301	HCFA REGION: 05 TOTAL STATIONS: 024 RENAL NETWORK: 22 PHONE:(614)261-S236
MT CARMEL MEDICAL CTR (ESRD) 733 W STATE ST COLUMBUS, OH 43222 PROVIDER NO: 36DD35	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININO: HEMO CAPD	OATE APPROVED: O3O177 OWNERSHIP: NONPROFIT INTERMEDIARY: DO334 CROSS-REFER NO:362305	HCFA REGION: 0S TOTAL STATIONS: 0IO RENAL NETWORK: 22 PHONE:(6I4)22S-SOI4
OHIO STATE UNIVERSITY HOSP 410 W 10TH AVE COLUMBUS, OH 4321D PROVIDER NO: 36DD8S	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININO: HEMO CAPD	DATE APPROVED: D3O177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00334 CROSS-REFER NO:362313	HCFA REGION: 0S TOTAL STATIONS: 012 RENAL NETWORK: 22 PHONE:(6I4)233-8163
DOCTORS HOSPITAL NORTH 1D87 DENNISON AVE COLUMBUS, OH 43201 PROVIDER NO: 360152	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININD: HEMO PERI	DATE APPROVED: 011284 OWNERSHIP: PROFIT INTERMEDIARY: 00334 CROSS-REFER NO:362327	HCFA REOION: 0S TOTAL STATIONS: 006 RENAL NETWORK: 22 PHONE:(6I4)237-4000
CENTRAL OHIO DIALYSIS CENTER 4D41 N HIGH ST COLUMBUS, OH 43214 PROVIDER NO: 362SD1	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAININD: HEMO CAPD	DATE APPROVED: D9D177 OWNERSHIP: PROFIT INTERMEDIARY: 0D334 CROSS-REFER NO:	HCFA REOION: 0S TOTAL STATIONS: 027 RENAL NETWORK: 22 PHONE:(6I4)26I-387S

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THE CHILDREN'S HOSPITAL-ESRD 700 CHILDREN'S DRIVE COLUMBUS, OH 43205 PROVIDER NO: 363305	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 082284 OWNERSHIP: NONPROFIT INTERMEDIARY: 00334 CROSS-REFER NO:362326	HCFA REGION: 05 TOTAL STATIONS: 003 RENAL NETWORK: 22 PHONE:(614)461-2166
MIAMI VALLEY HOSP ONE WYOMING ST DAYTON, OH 45409 PROVIDER NO: 360051	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:362307	HCFA REGION: 05 TOTAL STATIONS: 031 RENAL NETWORK: 17 PHONE:(513)223-6192
DAYTON REGIONAL DIALYSIS INC 3500 PARK CENTER DR, SUITE 120 DAYTON, OH 45414 PROVIDER NO: 362512	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 111086 OWNERSHIP: PROFIT INTERMEDIARY: 00332 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 010 RENAL NETWORK: 17 PHONE:(513)898-5526
COMMUNITY DIALYSIS CENTER P.O. BOX 12220 EAST CLEVELAND, OH 44112 PROVIDER NO: 362500	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 030 RENAL NETWORK: 22 PHONE:(216)229-1100
ELYRIA MEMORIAL HOSPITAL 630 EAST RIVER STREET ELYRIA, OH 44035 PROVIDER NO: 360145	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:362318	HCFA REGION: 05 TOTAL STATIONS: 016 RENAL NETWORK: 22 PHONE:(216)329-3221
LIMA MEM HOSP LINDEN & MODEL STS LIMA, OH 45804 PROVIDER NO: 360009	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: PERI CAPD CCPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:362302	HCFA REGION: 05 TOTAL STATIONS: 009 RENAL NETWORK: 22 PHONE:(419)228-3335
MANSFIELD KIDNEY CTR OMA 597 PARK AVENUE EAST MANSFIELD, OH 44906 PROVIDER NO: 362508	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 081080 OWNERSHIP: PROFIT INTERMEDIARY: 00334 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 008 RENAL NETWORK: 22 PHONE:(419)526-4430
COMMUNITY DIALYSIS CTR 9002 MENTOR AVE MENTOR, OH 44060 PROVIDER NO: 362505	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 022780 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 010 RENAL NETWORK: 22 PHONE:(216)951-3602
COMMUNITY LIMITED CARE DIALYSIS 6 EAST AVE MONROE, OH 45050 PROVIDER NO: 362506	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 033180 OWNERSHIP: NONPROFIT INTERMEDIARY: 00334 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 007 RENAL NETWORK: 17 PHONE:(513)539-9261
CLEVELAND CLINIC WEST SIDE DIAL CTR 5230 HAUSERMAN RD PARMA, OH 44130 PROVIDER NO: 363500	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 051679 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 015 RENAL NETWORK: 22 PHONE:(216)888-6344
R.E. MARTIN MEMORIAL DIALYSIS CENTER 1248 KINNEYS LANE PORTSMOUTH, OH 45662 PROVIDER NO: 360022	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 022381 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:362324	HCFA REGION: 05 TOTAL STATIONS: 008 RENAL NETWORK: 22 PHONE:(614)353-2131

STATE=OHIO CONTINUED

PROVIDENCE HOSP 1726 COLUMBUS AVE SANDUSKY, OH 44870 PROVIDER NO: 360024	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090678 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:362322	HCFA REGION: 05 TOTAL STATIONS: 005 RENAL NETWORK: 22 PHONE:(419)625-8450
CLARK COUNTY DIALYSIS FACILITY INC 247 S BURNETT RD SPRINGFIELD, OH 45505 PROVIDER NO: 362510	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 112383 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 010 RENAL NETWORK: 17 PHONE:(513)325-5112
ST JOHN MEDICAL CTR ST JOHN HEIGHTS STEUBENVILLE, OH 43962 PROVIDER NO: 360083	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:362312	HCFA REGION: 05 TOTAL STATIONS: 011 RENAL NETWORK: 22 PHONE:(614)264-8171
MEDICAL COLLEGE OF OHIO AT TOLEDO 3000 ARLINGTON AVE-CS 10008 TOLEDO, OH 43699 PROVIDER NO: 360048	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:362306	HCFA REGION: 05 TOTAL STATIONS: 002 RENAL NETWORK: 22 PHONE:(419)381-3411
THE TOLEDO HOSP DIAL UNIT 2142 NORTH COVE BLVD TOLEDO, OH 43606 PROVIDER NO: 360068	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 062778 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:362323	HCFA REGION: 05 TOTAL STATIONS: 004 RENAL NETWORK: 22 PHONE:(419)471-4302
ST VINCENTS MEDICAL CENTER 2213 CHERRY ST TOLEDO, OH 43608 PROVIDER NO: 360112	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:362314	HCFA REGION: 05 TOTAL STATIONS: 031 RENAL NETWORK: 22 PHONE:(419)536-8303
GREENFIELD HEALTH SYSTEMS CORP 2025 ARLINGTON AVE TOLEDO, OH 43609 PROVIDER NO: 362509	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 082481 OWNERSHIP: PROFIT INTERMEDIARY: 00332 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 012 RENAL NETWORK: 22 PHONE:(419)389-9681
COUNTY DIALYSIS SERVICES 920 SUMMIT AVE, P.O. BOX 69 TROY, OH 45373 PROVIDER NO: 362513	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI	DATE APPROVED: 030487 OWNERSHIP: PROFIT INTERMEDIARY: 00332 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 011 RENAL NETWORK: 17 PHONE:(513)339-4600
ST ELIZABETH HOSP MED CTR 1044 BELMONT AVE YOUNGSTOWN, OH 44505 PROVIDER NO: 360064	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 060281 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 012 RENAL NETWORK: 22 PHONE:(216)746-7211
YOUNGSTOWN HOSP ASSOC GYPSY LANE & GOLETA AVE YOUNGSTOWN, OH 44501 PROVIDER NO: 360141	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:362317	HCFA REGION: 05 TOTAL STATIONS: 019 RENAL NETWORK: 22 PHONE:(216)747-1431
ZANESVILLE DIALYSIS CENTER 3120 NEWARK RD ZANESVILLE, OH 43701 PROVIDER NO: 362511	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 121683 OWNERSHIP: PROFIT INTERMEDIARY: 00332 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 008 RENAL NETWORK: 22 PHONE:(614)452-4525

STATE=OKLAHOMA

VALLEY VIEW REGIONAL HOSPITAL 430 N MONTE VISTA ADA, OK 74820 PROVIDER NO: 370020	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 082487 OWNERSHIP: NONPROFIT INTERMEDIARY: 00340 CROSS-REFER NO:372319	HCFA REGION: 06 TOTAL STATIONS: 004 RENAL NETWORK: 10 PHONE:(405)332-2323
HILLCREST/J PHILLIPS DX FAC 3500 E FRANK PHILLIPS BLVD BARTLESVILLE, OK 74003 PROVIDER NO: 373502	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 010185 OWNERSHIP: NONPROFIT INTERMEDIARY: 00340 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 008 RENAL NETWORK: 10 PHONE:(918)333-7200
CLINTON REGIONAL HOSP P.O. BOX 218 CLINTON, OK 73601 PROVIDER NO: 370029	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 52280 CROSS-REFER NO:372304	HCFA REGION: 06 TOTAL STATIONS: 004 RENAL NETWORK: 10 PHONE:(405)323-2363
MIDWEST DIALYSIS DUNCAN INC 2645 WEST ELK AVE DUNCAN, OK 73533 PROVIDER NO: 372503	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 040379 OWNERSHIP: PROFIT INTERMEDIARY: 00340 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 008 RENAL NETWORK: 10 PHONE:(405)252-0097
ST MARYS HOSP OF ENID INC P.O. BOX 232 ENID, OK 73702 PROVIDER NO: 370026	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00340 CROSS-REFER NO:372302	HCFA REGION: 06 TOTAL STATIONS: 008 RENAL NETWORK: 10 PHONE:(405)233-6100
MC ALESTER GEN HOSP 1 CLARK BASS BLVD MCALESTER, OK 74501 PROVIDER NO: 370034	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00340 CROSS-REFER NO:372305	HCFA REGION: 06 TOTAL STATIONS: 006 RENAL NETWORK: 10 PHONE:(918)426-1800
HILLCREST BAPT REG HLTH CTR 102 B SOUTHWEST MIAMI, OK 74354 PROVIDER NO: 373503	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 110386 OWNERSHIP: NONPROFIT INTERMEDIARY: 00340 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 008 RENAL NETWORK: 10 PHONE:(918)540-1827
HILLCREST/MUSKOGEE DX FAC 300 ROCKEFELLER DR MUSKOGEE, OK 74401 PROVIDER NO: 373501	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 010185 OWNERSHIP: NONPROFIT INTERMEDIARY: 00340 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 008 RENAL NETWORK: 10 PHONE:(918)682-5501
BAPTIST MEDICAL CENTER OF OKLAHOMA INC 3300 NORTH WEST EXPRESSWAY OKLAHOMA CITY, OK 73112 PROVIDER NO: 37002B	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 121186 OWNERSHIP: NONPROFIT INTERMEDIARY: 00340 CROSS-REFER NO:372303	HCFA REGION: 06 TOTAL STATIONS: 006 RENAL NETWORK: 10 PHONE:(405)949-3011
OKLAHOMA MEMORIAL HOSPITAL PO BOX 26307 OKLAHOMA CITY, OK 73126 PROVIDER NO: 370035	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00340 CROSS-REFER NO:372313	HCFA REGION: 06 TOTAL STATIONS: 015 RENAL NETWORK: 10 PHONE:(405)271-4624
ST ANTHONY HOSP 1000 N LEE ST OKLAHOMA CITY, OK 73102 PROVIDER NO: 370037	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00340 CROSS-REFER NO:372306	HCFA REGION: 06 TOTAL STATIONS: 014 RENAL NETWORK: 10 PHONE:(405)272-7000

STATE=OKLAHOMA CONTINUED

PRESBYTERIAN HOSPITAL INC NORTHEAST 13TH & LINCOLN BLVD OKLAHOMA CITY, OK 73104 PROVIDER NO: 370093	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 012083 OWNERSHIP: PROFIT INTERMEDIARY: 00340 CROSS-REFER NO:372314	HCFA REGION: 06 TOTAL STATIONS: 004 RENAL NETWORK: 10 PHONE:(406)271-8018
VA HOSP 921 NE 13TH ST,11101 OKLAHOMA CITY, OK 73104 PROVIDER NO: 37014F	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00080 CROSS-REFER NO:372310	HCFA REGION: 06 TOTAL STATIONS: 010 RENAL NETWORK: 10 PHONE:(405)272-9876
OKLAHOMA CHILDRENS MEM HOSP P.O. BOX 26901 OKLAHOMA CITY, OK 73190 PROVIDER NO: 370167	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00340 CROSS-REFER NO:372311	HCFA REGION: 06 TOTAL STATIONS: 005 RENAL NETWORK: 10 PHONE:(405)271-6165
MEDICAL PLAZA DIALYSIS 4312 CLASSEN BOULEVARD OKLAHOMA CITY, OK 73118 PROVIDER NO: 372500	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 00340 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 021 RENAL NETWORK: 10 PHONE:(405)521-1101
OKLAHOMA DIALYSIS INC. 312 NW 13TH OKLAHOMA CITY, OK 73103 PROVIDER NO: 372502	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 090778 OWNERSHIP: PROFIT INTERMEDIARY: 00340 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 010 RENAL NETWORK: 10 PHONE:(405)236-3043
HILLCREST/OKMULGEE DIALYSIS FACILITY P.O. BOX 610 OKMULGEE, OK 74447 PROVIDER NO: 373500	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 010185 OWNERSHIP: NONPROFIT INTERMEDIARY: 00340 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 008 RENAL NETWORK: 10 PHONE:(918)584-1351
ST JOSEPHS HOSPITAL 14TH & HARTFORD(P.O. BOX 1270) PONCA CITY, OK 74602 PROVIDER NO: 370006	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00340 CROSS-REFER NO:372301	HCFA REGION: 06 TOTAL STATIONS: 006 RENAL NETWORK: 10 PHONE:(405)765-3321
HILLCREST/POTEAU REG DIALYSIS FAC 105 WALL STREET POTEAU, OK 74953 PROVIDER NO: 373504	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 021987 OWNERSHIP: NONPROFIT INTERMEDIARY: 00340 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 008 RENAL NETWORK: 10 PHONE:(918)584-1351
SAYRE MEMORIAL HOSPITAL P.O. BOX 100 SAYRE, OK 73662 PROVIDER NO: 370103	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00340 CROSS-REFER NO:372309	HCFA REGION: 06 TOTAL STATIONS: 003 RENAL NETWORK: 10 PHONE:(405)928-5541
TULSA DIALYSIS AT SD COFFEYVILLE 125 WILLOW SD COFFEYVILLE, OK 74048 PROVIDER NO: 372507	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 040386 OWNERSHIP: PROFIT INTERMEDIARY: 00340 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 006 RENAL NETWORK: 10 PHONE:(918)255-6011
STILLWATER MEDICAL CENTER ESRD P.O. BOX 2408 STILLWATER, OK 74076 PROVIDER NO: 372505	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 082683 OWNERSHIP: PROFIT INTERMEDIARY: 00340 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 004 RENAL NETWORK: 10 PHONE:(405)372-1480

STATE=OKLAHOMA CONTINUED

TAHLEQUAH CITY HOSP P.O. BOX 1008 TAHLEQUAH, OK 74461 PROVIDER NO: 370089	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAININO:	OATE APPROVEO: 083177 OWNERSHIP: NONPROFIT INTERMEOIARY: 00340 CROSS-REFER NO:372307	HCFA REOION: 06 TOTAL STATIONS: 001 RENAL NETWORK: 10 PHONE:(918)456-0641
HILLCREST MEDICAL CENTER 1145 SOUTH UTICA, SUITE 607 TULSA, OK 74104 PROVIDER NO: 370001	FACILITY TYPE: TRANSPLANT/OIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAININO: HEMO PERI CAPO CCPD	OATE APPROVEO: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00340 CROSS-REFER NO:372300	HCFA REOION: 06 TOTAL STATIONS: 017 RENAL NETWORK: 10 PHONE:(918)S84-1351
OKLAHOMA OSTEOPATHIC HOSPITAL NINTH AT JACKSON TULSA, OK 74127 PROVIDER NO: 370078	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTEO: HEMO PERI SELF-CARE: HEMO TRAININO: HEMO CAPD	OATE APPROVED: 051377 OWNERSHIP: NONPROFIT INTERMEOIARY: 00340 CROSS-REFER NO:372312	HCFA REOION: 06 TOTAL STATIONS: 010 RENAL NETWORK: 10 PHONE:(918)699-S930
ST FRANCIS HOSP 5161 S YALE AVE TULSA, OK 74136 PROVIDER NO: 370091	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	OATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 52280 CROSS-REFER NO:372308	HCFA REOION: 06 TOTAL STATIONS: 011 RENAL NETWORK: 10 PHONE:(918)494-2200
TULSA DIALYSIS CENTER 4436 S HARVARD AVE TULSA, OK 7413S PROVIDER NO: 372S04	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININO: HEMO PERI	OATE APPROVED: 062383 OWNERSHIP: PROFIT INTERMEOIARY: 00340 CROSS-REFER NO:	HCFA REOION: 06 TOTAL STATIONS: 016 RENAL NETWORK: 10 PHONE:(918)743-8128

STATE=OREOON

EASTERN CASCADE D1ALYS1S CENTER 359 N.E. REVERE AVE 8END, OR 97701 PROVIDER NO: 3035D1	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRA1N1ND:	DATE APPROVED: D8D683 OWNERSHIP: NONPROFIT INTERMEDIARY: DD35D CROSS-REFER NO:	HCFA REOION: 1D TOTAL STATIONS: 0D4 RENAL NETWORK: 02 PHONE:(5D3)388-4609
SACRED HEART OENERAL HOSPITAL 1255 HILYARD ST EUDENE, OR 97401 PROVIDER NO: 380D33	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININD: HEMO CAPD	DATE APPROVED: D90177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00350 CROSS-REFER NO:382302	HCFA REGION: 1D TOTAL STATIONS: D1D RENAL NETWORK: 02 PHONE:(5D3)686-7067
COMMUN1TY DIALYSIS OF MEDFORD 1005 E MAIN ST SU1TE 5 MEDFORD, OR 975D1 PROVIDER NO: 3025D1	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRA1NINO: HEMO PERI CAPD CCPD	DATE APPROVED: D9D177 OWNERSHIP: PROFIT INTERMEDIARY: DD350 CROSS-REFER NO:	HCFA REGION: 1D TOTAL STATIONS: D16 RENAL NETWORK: D2 PHONE:(5D3)772-1912
UNIV OF OREDON HEALTH SCIENCES CTR 3181 SW SAM JACKSON PARK RD PORTLAND, OR 97201 PROVIDER NO: 380009	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAIN1ND: CAPD	DATE APPROVED: D9D177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00350 CROSS-REFER NO:382300	HCFA REGION: 1D TOTAL STATIONS: DD8 RENAL NETWORK: 02 PHONE:(503)225-7555
ODOD SAMARITAN HDSP & MED CENTER 1015 NW 22 AVE PORTLAND, OR 97210 PROV1DER NO: 380017	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTEO: HEMO PERI SELF-CARE: TRAININO: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00350 CROSS-REFER NO:382301	HCFA REOION: 10 TOTAL STATIONS: 031 RENAL NETWORK: 02 PHONE:(503)229-7357
PROVIDENCE MEDICAL CTR (ESRD) 4805 NE OLISAN PORTLAND, OR 97213 PROVIDER NO: 380051	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAININO: HEMO CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00350 CROSS-REFER NO:382303	HCFA REGION: 10 TOTAL STATIONS: 010 RENAL NETWORK: 02 PHONE:(503)230-1111
OREOON KIDNEY CENTER 5314 NE IRVINO PORTLAND, OR 97213 PROVIDER NO: 38250D	FAC1LITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININD: HEMO PERI	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 00350 CROSS-REFER NO:	HCFA REOION: 10 TOTAL STATIONS: 021 RENAL NETWORK: 02 PHONE:(503)284-1939
UN1VERSITY DIALYSIS CENTER 2510 S.W. FIRST AVE PORTLAND, OR 97201 PROVIDER NO: 383502	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAININO: HEMO PERI	DATE APPROVED: 022687 OWNERSHIP: NONPROFIT INTERMEDIARY: 00350 CROSS-REFER NO:	HCFA REGION: 10 TOTAL STATIONS: 004 RENAL NETWORK: 02 PHONE:(503)225-8204
MERCY REOIONAL DIALYSIS CTR 201 NW MEDICAL LOOP RD #190 ROSE8URO, OR 97470 PROVIDER NO: 3025D4	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO: HEMO CAPD	DATE APPROVED: 090783 OWNERSHIP: NONPROFIT INTERMEDIARY: 00350 CROSS-REFER NO:	HCFA REOION: 10 TOTAL STATIONS: 00S RENAL NETWORK: 02 PHONE:(503)440-2493
COMMUNITY DIALYSIS OF SALEM 420 MILL ST SE SALEM, OR 97301 PROVIDER NO: 382502	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO: HEMO	DATE APPROVED: 083178 OWNERSHIP: PROFIT INTERMEDIARY: 00350 CROSS-REFER NO:	HCFA REOION: 10 TOTAL STATIONS: 016 RENAL NETWORK: 02 PHONE:(503)371-8047

STATE=PENNSYLVANIA

ABINGTON MEMORIAL HOSP 1200 OLD YORK RD ABINGTON, PA 19001 PROVIDER NO: 390231	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 51390 CROSS-REFER NO:392333	HCFA REGION: 03 TOTAL STATIONS: 006 RENAL NETWORK: 24 PHONE:(215)576-2000
BID-MEDICAL APPL OF ABINGTON INC 1231 OLD YORK ROAD ABINGTON, PA 19001 PROVIDER NO: 392506	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 51390 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 020 RENAL NETWORK: 24 PHONE:(215)887-7100
THE ALLENTOWN HOSPITAL 17TH & CHEW STS ALLENTOWN, PA 18104 PROVIDER NO: 390133	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 070177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00363 CROSS-REFER NO:392322	HCFA REGION: 03 TOTAL STATIONS: 013 RENAL NETWORK: 24 PHONE:(216)821-2204
BMA OF ALLENTOWN 2015 HAMILTON ST. SUITE 208 ALLENTOWN, PA 18104 PROVIDER NO: 392505	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO TRAINING: CAPD	DATE APPROVED: 070177 OWNERSHIP: PROFIT INTERMEDIARY: 00363 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 022 RENAL NETWORK: 24 PHONE:(215)435-6710
DIALYSIS CLINICS INC OF ALQUIPPA 2400 HOSPITAL DR ALQUIPPA, PA 15001 PROVIDER NO: 392529	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 022481 OWNERSHIP: NONPROFIT INTERMEDIARY: 00363 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 018 RENAL NETWORK: 22 PHONE:(412)378-0041
ALTOONA HOSP HOWARD AVE & 7TH ST ALTOONA, PA 16603 PROVIDER NO: 390073	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00363 CROSS-REFER NO:392313	HCFA REGION: 03 TOTAL STATIONS: 015 RENAL NETWORK: 22 PHONE:(814)946-2847
ST LUKES HOSPITAL OF BETHLEHEM 801 STRUM ST BETHLEHEM, PA 18015 PROVIDER NO: 390049	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 081579 OWNERSHIP: NONPROFIT INTERMEDIARY: 00363 CROSS-REFER NO:392340	HCFA REGION: 03 TOTAL STATIONS: 009 RENAL NETWORK: 24 PHONE:(215)691-7346
BMA OF BETHLEHEM 1885 WEST MARKET STREET BETHLEHEM, PA 18018 PROVIDER NO: 392511	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO TRAINING: CAPD	DATE APPROVED: 070177 OWNERSHIP: PROFIT INTERMEDIARY: 00363 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 019 RENAL NETWORK: 24 PHONE:(215)866-0462
COMMUNITY DIALYSIS SERVICES 356 W WASHINGTON ST BRADFORD, PA 16701 PROVIDER NO: 392523	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 112179 OWNERSHIP: PROFIT INTERMEDIARY: 00363 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 010 RENAL NETWORK: 22 PHONE:(814)455-9028
BRYN MAWR HOSPITAL BRYN MAWR AVE BRYN MAWR, PA 19010 PROVIDER NO: 390139	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 100277 OWNERSHIP: NONPROFIT INTERMEDIARY: 51390 CROSS-REFER NO:392323	HCFA REGION: 03 TOTAL STATIONS: 006 RENAL NETWORK: 24 PHONE:(215)869-3000
HAVERFORD DIALYSIS UNIT 945 HAVERFORD RD BRYN MAWR, PA 19010 PROVIDER NO: 392504	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 080177 OWNERSHIP: PROFIT INTERMEDIARY: 51390 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 015 RENAL NETWORK: 24 PHONE:(215)527-4255

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BMA OF BUTLER INC. 939 EAST BRADY ST EXT BUTLER, PA 16001 PROVIDER NO: 392626	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININD: HEMO PERI CAPD	DATE APPRDVED: 063080 OWNERSHIP: PRDFIT INTERMEDIARY: 00363 CROSS-REFER NO:	HCFA REOIDN: 03 TOTAL STATIONS: 011 RENAL NETWORK: 22 PHONE:(412)282-4430
BRANDYWINE HOSPITAL 201 REECEVILLE RD CALN TOWNSHIP, PA 19320 PROVIDER NO: 390076	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAININD:	DATE APPRDVED: 051183 OWNERSHIP: NONPRDFIT INTERMEDIARY: 51390 CROSS-REFER NO:392346	HCFA REGIDN: 03 TOTAL STATIONS: 006 RENAL NETWORK: 24 PHONE:(215)383-8005
CUMBERLAND VALLEY DIALYSIS INC 7TH & KING STREET CHAMBERSBURG, PA 17201 PROVIDER NO: 392650	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININD: HEMO PERI CAPD CCPD	DATE APPROVED: 022587 OWNERSHIP: PROFIT INTERMEDIARY: 00363 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 010 RENAL NETWORK: 24 PHONE:(717)267-2533
CROZER CHESTER MEDICAL CENTER 16TH ST AND UPLAND AVE CHESTER, PA 19013 PROVIDER NO: 390180	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAININD:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00362 CROSS-REFER NO:392331	HCFA REGION: 03 TOTAL STATIONS: 007 RENAL NETWORK: 24 PHONE:(215)447-2000
GEISINGER MEDICAL CTR NORTH ACADEMY AVENUE DANVILLE, PA 17822 PROVIDER NO: 390006	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAININD: HEMO PERI CAPD CCPD	DATE APPROVED: 032081 OWNERSHIP: NONPROFIT INTERMEDIARY: 00363 CROSS-REFER NO:392300	HCFA REGION: 03 TOTAL STATIONS: 015 RENAL NETWORK: 24 PHONE:(717)271-6211
KIDNEY CTR OF CHESTER CO LTD 960 E LINCOLN HWY DOWNINGTOWN, PA 19094 PROVIDER NO: 392522	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININD: HEMO PERI CAPD	DATE APPROVED: 090579 OWNERSHIP: PROFIT INTERMEDIARY: 00362 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 020 RENAL NETWORK: 24 PHONE:(215)833-1343
BELMONT COURT DIALYSIS CENTER INC 252 BELMONT AVE DOYLESTOWN, PA 18901 PROVIDER NO: 392545	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD:	DATE APPROVED: 070185 OWNERSHIP: PROFIT INTERMEDIARY: 51390 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 020 RENAL NETWORK: 24 PHONE:(215)348-7333
DELAWARE CO MEM HOSP LANSDOWNE & KEYSTONE AVES DREXEL HILL, PA 19026 PROVIDER NO: 390081	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININD:	DATE APPROVED: 010184 OWNERSHIP: NONPROFIT INTERMEDIARY: 51390 CROSS-REFER NO:392315	HCFA REGION: 03 TOTAL STATIONS: 006 RENAL NETWORK: 24 PHONE:(215)259-3800
DELCO DIALYSIS UNIT 501 N LANSDOWNE AVE DREXEL HILL, PA 19026 PROVIDER NO: 392551	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININD: HEMO PERI	DATE APPROVED: 070887 OWNERSHIP: PROFIT INTERMEDIARY: 51390 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 006 RENAL NETWORK: 24 PHONE:(215)284-8483
COMMUNITY DIALYSIS SERVICE OF DUBOIS MAPLE AVENUE HOSPITAL DU BOIS, PA 15801 PROVIDER NO: 392526	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININD: HEMO PERI CAPD CCPD	DATE APPROVED: 092480 OWNERSHIP: PROFIT INTERMEDIARY: 00363 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 007 RENAL NETWORK: 24 PHONE:(814)375-0644
BMA OF EAST STROUDSBURG INC 285 PROSPECT ST EAST STROUDSBURG, PA 18301 PROVIDER NO: 392547	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD:	DATE APPROVED: 073186 OWNERSHIP: PROFIT INTERMEDIARY: 00363 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 007 RENAL NETWORK: 24 PHONE:(717)476-1606

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BMA OF EASTON 3501 NORTHWOOD AVE EASTON, PA 18042 PROVIDER NO: 392517	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 00363 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 022 RENAL NETWORK: 24 PHONE:(215)253-4278
HAHOT REGIONAL DIALYSIS CTR 201 STATE ST ERIE, PA 16512 PROVIDER NO: 390063	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00363 CROSS-REFER NO:392309	HCFA REGION: 03 TOTAL STATIONS: 004 RENAL NETWORK: 22 PHONE:(814)455-6711
RENAL CARE OF ERIE INC 5924 OLD FRENCH RD-P.O. BOX 10125 ERIE, PA 16514 PROVIDER NO: 392528	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 011281 OWNERSHIP: PROFIT INTERMEDIARY: 00363 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 018 RENAL NETWORK: 22 PHONE:(814)868-6568
COMMUNITY DIALYSIS SVCS OF ERIE 1350 WEST 26TH ST ERIE, PA 16508 PROVIDER NO: 392543	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 071184 OWNERSHIP: PROFIT INTERMEDIARY: 00363 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 016 RENAL NETWORK: 22 PHONE:(814)455-6711
BMA OF GREENSBURG 562 SHEARER ST GREENSBURG, PA 15601 PROVIDER NO: 392520	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 013179 OWNERSHIP: PROFIT INTERMEDIARY: 00363 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 014 RENAL NETWORK: 22 PHONE:(412)832-8061
POLYCLINIC MEDICAL CENTER 2601 N 3RD ST HARRISBURG, PA 17105 PROVIDER NO: 390067	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00363 CROSS-REFER NO:392311	HCFA REGION: 03 TOTAL STATIONS: 008 RENAL NETWORK: 24 PHONE:(717)782-4141
HARRISBURG HOSP SOUTH FRONT ST HARRISBURG, PA 17101 PROVIDER NO: 390098	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 100482 OWNERSHIP: NONPROFIT INTERMEDIARY: 00363 CROSS-REFER NO:392317	HCFA REGION: 03 TOTAL STATIONS: 000 RENAL NETWORK: 24 PHONE:(717)782-3131
HAZLETON STATE GENERAL HOSP E BROAD ST HAZLETON, PA 18201 PROVIDER NO: 390185	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 042380 OWNERSHIP: NONPROFIT INTERMEDIARY: 00363 CROSS-REFER NO:392342	HCFA REGION: 03 TOTAL STATIONS: 000 RENAL NETWORK: 24 PHONE:(717)825-9531
BMA OF HAZLETON EAST BROAD ST HAZLETON, PA 18201 PROVIDER NO: 392524	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 042380 OWNERSHIP: PROFIT INTERMEDIARY: 00363 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 009 RENAL NETWORK: 24 PHONE:(717)454-3558
M. S. HERSHEY MEDICAL CENTER 500 UNIVERSITY DR HERSHEY, PA 17033 PROVIDER NO: 390256	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 121680 OWNERSHIP: NONPROFIT INTERMEDIARY: 51390 CROSS-REFER NO:392335	HCFA REGION: 03 TOTAL STATIONS: 006 RENAL NETWORK: 24 PHONE:(717)534-6419
MERCY HOSPITAL OF JOHNSTOWN 1020 FRANKLIN ST JOHNSTOWN, PA 15905 PROVIDER NO: 390060	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 101976 OWNERSHIP: NONPROFIT INTERMEDIARY: 00363 CROSS-REFER NO:392308	HCFA REGION: 03 TOTAL STATIONS: 018 RENAL NETWORK: 22 PHONE:(814)533-1905

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COMMUNITY HOSPITAL OF LANCASTER 1176 CLARK ST. LANCASTER, PA 176D4 PROVIDER ND: 99DD60	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: HEMO CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: S1390 CROSS-REFER NO:392312	HCFA REOION: 03 TOTAL STATIONS: 005 RENAL NETWORN: 24 PHONE:(717)397-2771
LANCASTER DENERAL HOSPITAL 555 N DUNE ST LANCASTER, PA 176D3 PROVIDER NO: 39D1DD	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAININO: HEMO PERI CAPO	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: S1390 CROSS-REFER NO:392318	HCFA REGION: 03 TOTAL STATIONS: 012 RENAL NETWORN: 24 PHONE:(717)229-5511
CDS OF LANDSDDWNE 211 SHADELAND AVE LANDSDDWNE, PA 19DSD PRDVIDER ND: 992SD2	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININO: HEMO CAPD	DATE APPROVED: D8D177 OWNERSHIP: PROFIT INTERMEDIARY: S1390 CROSS-REFER NO:	HCFA REOION: 03 TOTAL STATIONS: D12 RENAL NETWORN: 24 PHONE:(21S)284-4000
ST MARY HOSPITAL 1NC LANDHORNE-NEWTON RD LANDHORNE, PA 19D47 PRDV1DER ND: 99D250	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAININD: HEMO CAPD	DATE APPROVED: 073178 OWNERSHIP: NONPROFIT INTERMEDIARY: 00362 CROSS-REFER NO:392339	HCFA REOION: 03 TOTAL STATIONS: 015 RENAL NETWORK: 24 PHONE:(21S)7SO-2000
D1ALYS1S CORP OF HARRISBURD INC 27 MILLER ST SUITE 12D LEMDYNE, PA 17D49 PRDV1DER NO: 992S94	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRA1N1ND: HEMO PERI CAPD CCPD	DATE APPROVED: 100402 OWNERSHIP: PROFIT INTERMEDIARY: OD363 CROSS-REFER NO:	HCFA REOION: 03 TOTAL STATIONS: 020 RENAL NETWORK: 24 PHONE:(717)737-779S
LEW1STON HDSP HIDHLAND AVE LEWISTOWN, PA 17D44 PROVIDER ND: 99DD40	FACILITY TYPE: DIALYSIS CENTER STAFF-ASS1STED: HEMO SELF-CARE: TRAININO: HEMO PERI CAPD CCPD	DATE APPROVED: 1023B1 OWNERSHIP: NONPRDFIT INTERMEDIARY: OD363 CROSS-REFER NO:392343	HCFA REGION: 03 TOTAL STATIONS: 006 RENAL NETWORN: 24 PHONE:(717)248-5411
COMMUNITY DIALYSIS SVCS OF MCKEESPORT 60D HDSPITAL WAY MCNEESPDRT, PA 1S192 PRDVIDER NO: 992S92	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAININO: HEMO PERI CAPD CCPD	DATE APPROVED: 112S81 OWNERSHIP: PROFIT INTERMEDIARY: DD363 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 012 RENAL NETWORN: 22 PHONE:(412)678-0188
COMMUNITY D1ALYSIS SERVICES 122 PARN AVE PLAZA MEADVILLE, PA 16955 PROVIDER NO: 392S97	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININO: PERI CAPD CCPD	DATE APPROVED: DS1203 OWNERSHIP: PROFIT INTERMEDIARY: 00363 CROSS-REFER NO:	HCFA REOION: 03 TOTAL STATIONS: 008 RENAL NETWORN: 22 PHONE:(814)336-6044
BMA OF NEW CASTLE, INC. 1211 WILMINDTON AVE NEW CASTLE, PA 161DS PROVIDER ND: 992S52	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO:	DATE APPROVED: 090187 OWNERSHIP: PRDFIT INTERMEDIARY: DD363 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 011 RENAL NETWORK: 22 PHONE:( ) -
DIALYSIS CLINIC INC 7D2 FOURTH AVE NEW KENSINDTON, PA 1SD6B PROVIDER NO: 39253S	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININO: HEMO PERI CAPD CCPD	DATE APPROVED: 122082 OWNERSHIP: NONPROFIT INTERMEDIARY: 00363 CRDSS-REFER NO:	HCFA REOION: 03 TOTAL STATIONS: 012 RENAL NETWDRK: 22 PHONE:(412)471-0184
DIALYSIS CENTER OF MONTDOMERY 15 W. WDDDS ST. NDRRISTOWN, PA 194D1 PROVIDER NO: 392S15	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO: PERI CAPD	DATE APPROVED: D80177 OWNERSHIP: PROFIT INTERMEDIARY: S1390 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 010 RENAL NETWORK: 24 PHONE:(215)279-0776

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RENAL CARE OF OIL CITY INC 1BD E BISSELL AVE OIL CITY, PA 163D1 PROVIDER NO: 392S41	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: CAPD	DATE APPROVED: 061984 OWNERSHIP: PROFIT INTERMEOIARY: 00363 CROSS-REFER NO:	HCFA REOION: 03 TOTAL STATIONS: DD6 RENAL NETWORK: 22 PHONE:(814)677-7034
ST AGNES MEDICAL CENTER 19DD S BROAD ST PHILADELPHIA, PA 19145 PROVIDER NO: 390022	FACILITY TYPE: OIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAININO: HEMO PERI CAPO	OATE APPROVEO: 080177 OWNERSHIP: NONPROFIT INTERMEOIARY: D0362 CROSS-REFER NO:392301	HCFA REOION: 03 TOTAL STATIONS: 009 RENAL NETWORK: 24 PHONE:(215)339-4100
TEMPLE UNIVERSITY HOSP BROAD & ONTARIO STS PHILADELPHIA, PA 1914D PROVIDER NO: 390027	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTEO: HEMO PERI SELF-CARE: PERI TRAININD: PERI CAPO CCPD	OATE APPROVED: 080177 OWNERSHIP: NONPROFIT INTERMEOIARY: D0362 CROSS-REFER NO:392302	HCFA REOION: 03 TOTAL STATIONS: 012 RENAL NETWORK: 24 PHONE:(216)221-4798
MEDICAL COLLEGE OF PA HOSP 33DD HENRY AVE PHILADELPHIA, PA 19129 PROVIDER NO: 390047	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 090486 OWNERSHIP: NONPROFIT INTERMEOIARY: D0362 CROSS-REFER NO:392344	HCFA REOION: 03 TOTAL STATIONS: DDO RENAL NETWORK: 24 PHONE:(215)842-741D
HAHNEMANN UNIV HOSP 23D N BROAD ST PHILADELPHIA, PA 19102 PROVIDER NO: 390DS1	FACILITY TYPE: TRANSPLANT/OIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPO CCPD	OATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEOIARY: 51390 CROSS-REFER NO:392306	HCFA REOION: 03 TOTAL STATIONS: 018 RENAL NETWORN: 24 PHONE:(215)448-7000
METROPOLITAN HOSP 201 NORTH EIGHTH ST PHILADELPHIA, PA 19106 PROVIDER NO: 390059	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAININO:	OATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEOIARY: 00362 CROSS-REFER NO:392307	HCFA REOION: 03 TOTAL STATIONS: 000 RENAL NETWORN: 24 PHONE:(21S)238-2000
HOSPITAL UNIVERSITY OF PA 3400 SPRUCE STREETS PHILADELPHIA, PA 19104 PROVIDER NO: 390111	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININD: PERI CAPD	OATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEOIARY: S1390 CROSS-REFER NO:392319	HCFA REOION: 03 TOTAL STATIONS: 007 RENAL NETWORN: 24 PHONE:(215)662-4000
ALBERT EINSTEIN MEOICAL CENTER YORN AND TABOR ROAOS PHILADELPHIA, PA 19141 PROVIDER NO: 390142	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININD: HEMO PERI CAPO	DATE APPROVEO: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00362 CROSS-REFER NO:392338	HCFA REOION: 03 TOTAL STATIONS: 008 RENAL NETWORK: 24 PHONE:(21S)329-0700
MERCY CATHOLIC MEOICAL CTR S4TH ST & CEDAR AVE PHILADELPHIA, PA 19143 PROVIDER NO: 3901S6	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTEO: SELF-CARE: TRAININO:	DATE APPROVED: 070183 OWNERSHIP: NONPROFIT INTERMEOIARY: 00362 CROSS-REFER NO:392324	HCFA REOION: 03 TOTAL STATIONS: 000 RENAL NETWORK: 24 PHONE:(21S)747-7600
GRAOUATE HOSPITAL 19TH & LOMBARD STS PHILAOELPHIA, PA 19146 PROVIDER NO: 390170	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAININD:	OATE APPROVED: 070183 OWNERSHIP: NONPROFIT INTERMEOIARY: S1390 CROSS-REFER NO:392328	HCFA REOION: 03 TOTAL STATIONS: 000 RENAL NETWORK: 24 PHONE:(21S)893-2000
THOMAS JEFFERSON UNIV HOSP 11TH & WALNUT ST PHILAOELPHIA, PA 19107 PROVIDER NO: 390174	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVEO: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 51390 CROSS-REFER NO:392330	HCFA REOION: 03 TOTAL STATIONS: 020 RENAL NETWORK: 24 PHONE:(215)928-6000

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LANKENAU HDSP CITY LINE & LANCASTER AVES PHILADELPHIA, PA 19151 PRDVIDER NO: 39DI95	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAININD:	DATE APPROVED: 111783 OWNERSHIP: NONPRDFIT INTERMEDIARY: 51390 CROSS-REFER NO:392332	HCFA REDION: 03 TOTAL STATION5: 000 RENAL NETWORK: 24 PHONE:(215)545-2000
DMA DF PHILADELPHIA INC 3225 ARCH STREET PHILADELPHIA, PA 191D4 PRDVIDER ND: 3925DI	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININD:	DATE APPROVED: 080177 OWNERSHIP: PROFIT INTERMEDIARY: 51390 CROSS-REFER NO:	HCFA REGION: 03 TDTAL STATIONS: D3D RENAL NETWDRK: 24 PHONE:(215)552-5990
BMA DF CENTRAL PHILADELPHIA 25D NDRTH 13TH ST PHILADELPHIA, PA 191D7 PROVIDER ND: 3925D7	FACILITY TYPE: DIALYSIS FACILITY STAFF-A5SISTED: HEMO SELF-CARE: TRAININD:	DATE APPROVED: 080177 OWNERSHIP: PRDFIT INTERMEDIARY: 51390 CRDSS-REFER NO:	HCFA REGION: 03 TOTAL STATIDNS: 029 RENAL NETWORK: 24 PHONE:(215)558-2050
BID-MED APPL DF N PHILA INC 5933-39 N BROAD ST PHILADELPHIA, PA 19141 PRDVIDER NO: 3925D9	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININD:	DATE APPROVED: D90177 OWNERSHIP: PROFIT INTERMEDIARY: 00352 CROSS-REFER NO:	HCFA REDION: 03 TOTAL 5TATIONS: 025 RENAL NETWORK: 24 PHONE:(215)549-5D00
BMA DF METROPDLITAN PHILA INC 2DI N EIDHTH ST PHILADELPHIA, PA 19ID5 PRDVIDER ND: 39251D	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININD: HEMO PERI CAPD	DATE APPROVED: D90177 OWNERSHIP: PRDFIT INTERMEDIARY: 00352 CRDSS-REFER NO:	HCFA REDION: 03 TOTAL STATIONS: 018 RENAL NETWDRK: 24 PHDNE:(215)925-4441
CDS DF WEST PHILADELPHIA 5536 UPLAND STREET PHILADELPHIA, PA 19142 PRDVIDER ND: 392513	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININD: HEMO	DATE APPROVED: D80177 OWNERSHIP: PROFIT INTERMEDIARY: 51390 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: D14 RENAL NETWDRK: 24 PHONE:(215)724-2552
CDS DF RDK8DRDUDH 58DD RIDDE AVE PHILADELPHIA, PA 19128 PROVIDER NO: 392515	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININD:	DATE APPRDVED: D90177 OWNERSHIP: PROFIT INTERMEDIARY: 51390 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 007 RENAL NETWORK: 24 PHONE:(215)487-1858
UNIV OF PA DUTPATIENT DIALYSI5 133 S 36 ST PHILADELPHIA, PA 191D4 PRDVIDER ND: 392521	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: PERI CAPD CCPD	DATE APPROVED: 053D79 OWNERSHIP: NONPROFIT INTERMEDIARY: 51390 CRDSS-REFER NO:	HCFA REGION: 03 TOTAL STATION5: 020 RENAL NETWORK: 24 PHONE:(215)387-0500
CHESTNUT HILL DIALYSIS CTR LTD 86 8ETHLEHEM PIKE PHILADELPHIA, PA 19118 PRDVIDER ND: 392527	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO PERI TRAININD: HEMO PERI CAPD CCPD	DATE APPROVED: D9D88D DWNERSHIP: PROFIT INTERMEDIARY: 51390 CROSS-REFER NO:	HCFA REDION: 03 TDTAL STATIONS: 010 RENAL NETWORK: 24 PHONE:(215)247-393D
TEMPLE UNIV OUT-PT DIALYSIS UNIT 34DD N BROAD ST PHILADELPHIA, PA 1914D PROVIDER ND: 39253D	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD:	DATE APPROVED: D51181 DWNER5HIP: NDNPROFIT INTERMEDIARY: 00352 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 012 RENAL NETWORK: 24 PHONE:(215)221-4477
FRANKLIN DIALYSIS CTRS INC 7DD SPRUCE ST #4D1 PHILADELPHIA, PA 191D7 PROVIDER NO: 392531	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: PERI CAPD CCPD	DATE APPROVED: D90181 DWNERSHIP: PROFIT INTERMEDIARY: 51390 CROSS-REFER NO:	HCFA REGION: 03 TDTAL STATIONS: D11 RENAL NETWORK: 24 PHONE:(215)829-56S1

STATE=PENNSYLVANIA CONTINUED

BMA OF N E PHILADELPHIA 7145 FRANKFORD AVE PHILADELPHIA, PA 1913S PROVIDER NO: 392S33	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 121481 OWNERSHIP: PROFIT INTERMEDIARY: 00362 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 023 RENAL NETWORK: 24 PHONE: (21S)33S-1000
COS OF PHILADELPHIA 701 COBBS CREEK PARKWAY PHILADELPHIA, PA 19143 PROVIDER NO: 392S36	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 070183 OWNERSHIP: PROFIT INTERMEDIARY: 00362 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 008 RENAL NETWORK: 24 PHONE: (21S)748-9SS0
DIALYSIS FAC OF GRADUATE MED ASSOC 1 GRADUATE PLAZA 7TH PHILADELPHIA, PA 19146 PROVIDER NO: 392S38	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 070183 OWNERSHIP: NONPROFIT INTERMEDIARY: 61390 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 014 RENAL NETWORK: 24 PHONE: (216)893-2419
MAIN LINE DIALYSIS SERVICES LTD CITY LINE & LANCASTER AVES PHILADELPHIA, PA 191S1 PROVIDER NO: 392S39	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 111783 OWNERSHIP: PROFIT INTERMEDIARY: 51390 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 00B RENAL NETWORK: 24 PHONE: (21S)64S-2239
BMA OF FAIRMOUNT INC 2301 PENNSYLVANIA AVE PHILADELPHIA, PA 19130 PROVIDER NO: 392540	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 042384 OWNERSHIP: PROFIT INTERMEDIARY: S1390 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 012 RENAL NETWORK: 24 PHONE: (21S)7S1-0283
ST CHRISTOPHERS HOSP FOR CHILDREN 5TH & LEHIGH AVE PHILADELPHIA, PA 19133 PROVIDER NO: 393301	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 070184 OWNERSHIP: NONPROFIT INTERMEDIARY: 00362 CROSS-REFER NO: 392336	HCFA REGION: 03 TOTAL STATIONS: 006 RENAL NETWORK: 24 PHONE: (21S)427-S000
DIALYSIS CLINIC OF MED COLLEGE OF PA 3300 HENRY AVE PHILADELPHIA, PA 19129 PROVIDER NO: 392548	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO TRAINING: HEMO PERI CAPD	DATE APPROVED: 090486 OWNERSHIP: NONPROFIT INTERMEDIARY: 00362 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 006 RENAL NETWORK: 24 PHONE: (216)842-6988
BMA C/O WESTERN PA HOSPITAL 4B00 FRIENDSHIP AVE PITTSBURG, PA 15224 PROVIDER NO: 392S42	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 060184 OWNERSHIP: PROFIT INTERMEDIARY: 00363 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 017 RENAL NETWORK: 22 PHONE: (412) S78-S386
ST FRANCIS GENERAL HOSPITAL PENN AVE & 45TH STREET PITTSBURGH, PA 15201 PROVIDER NO: 390029	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: PERI SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00363 CROSS-REFER NO: 392303	HCFA REGION: 03 TOTAL STATIONS: 004 RENAL NETWORK: 22 PHONE: (412)622-4212
ALLEGHENY GENERAL HOSP 320 E NORTH AVE PITTSBURGH, PA 15212 PROVIDER NO: 3900S0	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 120S86 OWNERSHIP: NONPROFIT INTERMEDIARY: 00363 CROSS-REFER NO: 39230S	HCFA REGION: 03 TOTAL STATIONS: 012 RENAL NETWORK: 22 PHONE: (412)3S9-424S
VETERANS ADMIN MEDICAL CTR UNIVERSITY DR 'C' PITTSBURGH, PA 15240 PROVIDER NO: 39012F	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00080 CROSS-REFER NO: 392321	HCFA REGION: 03 TOTAL STATIONS: 014 RENAL NETWORK: 22 PHONE: (412)683-3000

STATE=PENNSYLVANIA CONTINUED

PRESBYTERIAN-UNIVERSITY HOSP DESOTO @ O'HARA STREETS PITTSBURGH, PA 15213 PROVIDER NO: 390164	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00363 CROSS-REFER NO:392327	HCFA REGION: 03 TOTAL STATIONS: 028 RENAL NETWORK: 22 PHONE:(412)647-3000
BMA OF PITTSBURGH 4401 PENN AVE PITTSBURGH, PA 15224 PROVIDER NO: 392503	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 00363 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 020 RENAL NETWORK: 22 PHONE:(412)683-8814
BMA OF SOUTH HILLS INC 799 CASTLE SHANNON BLVD PITTSBURGH, PA 15234 PROVIDER NO: 392644	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 091984 OWNERSHIP: PROFIT INTERMEDIARY: 00363 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 011 RENAL NETWORK: 22 PHONE:(412)571-9200
QOOD SAMARITAN HOSPITAL E NORWEGIAN & TREMONT ST POTTSVILLE, PA 17901 PROVIDER NO: 390031	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 010383 OWNERSHIP: NONPROFIT INTERMEDIARY: 00363 CROSS-REFER NO:39234S	HCFA REGION: 03 TOTAL STATIONS: 003 RENAL NETWORK: 24 PHONE:(717)621-4000
BMA OF POTTSVILLE 106 S CLAUDE A LORD BLVD POTTSVILLE, PA 17901 PROVIDER NO: 392518	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO	DATE APPROVED: 082977 OWNERSHIP: PROFIT INTERMEDIARY: 00363 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 012 RENAL NETWORK: 24 PHONE:(717)628-3S39
QUAKERTOWN COMMUNITY HOSPITAL 11TH ST AND PARK AVE QUARKERTOWN, PA 1895I PROVIDER NO: 39003S	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 080S86 OWNERSHIP: NONPROFIT INTERMEDIARY: 00363 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 009 RENAL NETWORK: 24 PHONE:(21S)S36-2400
ST JOSEPH HOSP 12TH & WALNUT STS READING, PA 19603 PROVIDER NO: 390IS8	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 070177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00361 CROSS-REFER NO:392326	HCFA REGION: 03 TOTAL STATIONS: 017 RENAL NETWORK: 24 PHONE:(21S)378-2140
ROBERT PACKER HOSP OUTHRIE SQUARE SAYRE, PA 18840 PROVIDER NO: 390079	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 040478 OWNERSHIP: NONPROFIT INTERMEDIARY: 00363 CROSS-REFER NO:392341	HCFA REGION: 03 TOTAL STATIONS: 00S RENAL NETWORK: 26 PHONE:(717)888-6666
MOSES TAYLOR HOSPITAL 700 QUINCY AVENUE SCRANTON, PA 18SIO PROVIDER NO: 390I19	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00363 CROSS-REFER NO:392320	HCFA REGION: 03 TOTAL STATIONS: 036 RENAL NETWORK: 24 PHONE:(717)346-3801
PHYSICIANS DIALYSIS CENTER, INC S0S E STATE ST SHARON, PA 16I46 PROVIDER NO: 392S46	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 08168S OWNERSHIP: PROFIT INTERMEDIARY: 00363 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 011 RENAL NETWORK: 22 PHONE:(4I2)347-0700
CENTRE COM HOSP-MOUNTAINVIEW 1800 E PARK AVE STATE COLLEGE, PA 18601 PROVIDER NO: 390268	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 070179 OWNERSHIP: PROFIT INTERMEDIARY: 00361 CROSS-REFER NO:392337	HCFA REGION: 03 TOTAL STATIONS: 008 RENAL NETWORK: 24 PHONE:(814)234-6129

STATE=PENNSYLVANIA CONTINUED

UNIONTOWN DIALYSIS CENTER 104 DELAWARE AVE, SUITE 100 UNIONTOWN, PA 15401 PROVIDER NO: 392553	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI	DATE APPROVED: 090387 OWNERSHIP: NONPROFIT INTERMEDIARY: 00363 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 008 RENAL NETWORK: 22 PHONE:( ) -
GMA OF SOUTHWESTERN PA INC 90 W CHESTNUT ST WASHINGTON, PA 15301 PROVIDER NO: 392519	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO TRAINING: HEMO PERI CAPD	DATE APPROVED: 090977 OWNERSHIP: PROFIT INTERMEDIARY: 00363 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 012 RENAL NETWORK: 22 PHONE:(412)228-7222
ALLEGHENY KIDNEY TREATMENT CTR 11676 PERRY HGWY WEXFORD PROF WEXFORD, PA 15090 PROVIDER NO: 393500	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 081586 OWNERSHIP: NONPROFIT INTERMEDIARY: 00363 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 006 RENAL NETWORK: 22 PHONE:(412)935-3200
WILKES-BARRE GENERAL HOSP N RIVER & AUBURN STS WILKES BARRE, PA 18764 PROVIDER NO: 390064	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00363 CROSS-REFER NO:392310	HCFA REGION: 03 TOTAL STATIONS: 007 RENAL NETWORK: 24 PHONE:(717)829-8111
GMA OF WILKES-BARRE 56-58 WEST LINDEN ST WILKES-BARRE, PA 18702 PROVIDER NO: 392512	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 00363 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 020 RENAL NETWORK: 24 PHONE:(717)825-9531
FRANCIS V COSTELLO DIALYSIS CTR 1100 GRAMPIAN BLVD WILLIAMSPORT, PA 17701 PROVIDER NO: 390075	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00363 CROSS-REFER NO:392314	HCFA REGION: 03 TOTAL STATIONS: 015 RENAL NETWORK: 24 PHONE:(717)326-8178
KIDNEY CTR OF DELAWARE CO LTD 194-8 FAIRVIEW RD WOODLYN, PA 19094 PROVIDER NO: 392508	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 00362 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 026 RENAL NETWORK: 24 PHONE:(215)833-1343
PA DIALYSIS CLINIC OF READING 625 SPRING ST WYOMISSING, PA 19610 PROVIDER NO: 392549	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 012887 OWNERSHIP: PROFIT INTERMEDIARY: 00363 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 007 RENAL NETWORK: 24 PHONE:(215)375-1215
YORK HOSPITAL 1001 SOUTH GEORGE ST YORK, PA 17405 PROVIDER NO: 390046	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00363 CROSS-REFER NO:392304	HCFA REGION: 03 TOTAL STATIONS: 014 RENAL NETWORK: 24 PHONE:(717)771-2345

STATE=PUERTO RICO

CENTRO RENAL DE ARECIBO BMA CARR NO 2 KM 78.7 ARECIBO, PR 00612 PROVIDER NO: 402508	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI	DATE APPROVED: 080387 OWNERSHIP: PROFIT INTERMEDIARY: 57400 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 012 RENAL NETWORK: 29 PHONE:(809)878-5956
BMA OF BAYAMON P.O. BOX 2830 BAYAMON, PR 00621 PROVIDER NO: 402504	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO	DATE APPROVED: 061279 OWNERSHIP: PROFIT INTERMEDIARY: 57400 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 027 RENAL NETWORK: 29 PHONE:(809)787-9353
BMA OF CAGUAS P.O. BOX 6669 CAGUAS, PR 00626 PROVIDER NO: 402606	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO	DATE APPROVED: 051882 OWNERSHIP: PROFIT INTERMEDIARY: 57400 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 029 RENAL NETWORK: 29 PHONE:(809)743-1335
BIOMEDICAL APPLICATIONS OF CAROLINA PLAZA CAROLINA MALL STORE 236 CAROLINA, PR 00630 PROVIDER NO: 402507	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 050384 OWNERSHIP: PROFIT INTERMEDIARY: 57400 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 020 RENAL NETWORK: 29 PHONE:(809)757-8640
AUXILIO MUTUO HOSP PONCE DE LEON AVENUE HATO REY, PR 00919 PROVIDER NO: 400016	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 040483 OWNERSHIP: NONPROFIT INTERMEDIARY: 57400 CROSS-REFER NO:402301	HCFA REGION: 02 TOTAL STATIONS: 008 RENAL NETWORK: 29 PHONE:(809)763-9292
BIOMEDICAL APPLICATIONS OF SAN JUAN 206 DUARTE ST, 3 FLOOR HATO REY, PR 00919 PROVIDER NO: 402501	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 57400 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 027 RENAL NETWORK: 29 PHONE:(809)764-5640
MAYAGUEZ MED CTR P O BOX 1868 MAYAGUEZ, PR 00708 PROVIDER NO: 400103	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: PERI SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 99990 CROSS-REFER NO:402306	HCFA REGION: 02 TOTAL STATIONS: 004 RENAL NETWORK: 29 PHONE:(809)832-8686
BIOMEDICAL APPLICATIONS OF MAYAGUEZ CARR #2 KM 158? MAYAGUEZ, PR 00708 PROVIDER NO: 402503	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO	DATE APPROVED: 020177 OWNERSHIP: PROFIT INTERMEDIARY: 57400 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 036 RENAL NETWORK: 29 PHONE:(809)833-5335
SANTO ASILO DE DAMAS HOSP PONCE BY PASS PONCE, PR 00731 PROVIDER NO: 400022	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 57400 CROSS-REFER NO:402302	HCFA REGION: 02 TOTAL STATIONS: 004 RENAL NETWORK: 29 PHONE:(809)843-5151
PONCE REGIONAL HOSPITAL RENAL DIALYSIS BARRIO MACHUELO, ROAD 14 PONCE, PR 00731 PROVIDER NO: 400044	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 57400 CROSS-REFER NO:402304	HCFA REGION: 02 TOTAL STATIONS: 005 RENAL NETWORK: 29 PHONE:(809)844-2080
BIO-MEDICAL APPL OF PONCE INC ESTRELL #60 PO BOX 1990 PONCE, PR 00731 PROVIDER NO: 402502	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: CAPD	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 57400 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 031 RENAL NETWORK: 29 PHONE:(809)844-6050

STATE=PUERTO RICO CONTINUED

VA HOSP BARRIO MONACILLOS RIO PIEDRAS, PR 00936 PROVIDER NO: 40003F	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 022585 OWNERSHIP: NONPROFIT INTERMEDIARY: 00080 CROSS-REFER NO:402303	HCFA REGION: 02 TOTAL STATIONS: 015 RENAL NETWORK: 29 PHONE:(809)764-4545
UNIVERSITY DISTRICT HOSPITAL PUERTO RICO MEDICAL CENTER RIO PIEDRAS, PR 00935 PROVIDER NO: 400061	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 57400 CROSS-REFER NO:402305	HCFA REGION: 02 TOTAL STATIONS: 027 RENAL NETWORK: 29 PHONE:(809)754-3661
HOSPITAL DELA CONCEPCION 41 LUNA STREET SAN GERMAN, PR 00753 PROVIDER NO: 400021	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 090283 OWNERSHIP: NONPROFIT INTERMEDIARY: 57400 CROSS-REFER NO:402308	HCFA REGION: 02 TOTAL STATIONS: 003 RENAL NETWORK: 29 PHONE:(809)892-1860
BMA OF SAN GERMAN 41 LUNA STREET, APARTADO 285 SAN GERMAN, PR 00753 PROVIDER NO: 402506	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 090283 OWNERSHIP: PROFIT INTERMEDIARY: 57400 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 008 RENAL NETWORK: 29 PHONE:(809)892-4660

STATE=RHODE ISLAND

ARTIFICIAL KIDNEY CNTR OF RHODE ISLAND 318-320 WATERMAN AVE EAST PROVIDENCE, RI 02914 PROVIDER NO: 412500	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 083077 OWNERSHIP: PROFIT INTERMEDIARY: 00370 CROSS-REFER NO:	HCFA REGION: 01 TOTAL STATIONS: 050 RENAL NETWORK: 28 PHONE:(401)438-5930
RHODE ISLAND HOSPITAL 593 EDDY ST PROVIDENCE, RI 02902 PROVIDER NO: 410007	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00370 CROSS-REFER NO:412300	HCFA REGION: 01 TOTAL STATIONS: 009 RENAL NETWORK: 28 PHONE:(401)277-4000
MIRIAM HOSPITAL 164 SUMMIT AVE PROVIDENCE, RI 02906 PROVIDER NO: 410012	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00370 CROSS-REFER NO:412301	HCFA REGION: 01 TOTAL STATIONS: 004 RENAL NETWORK: 28 PHONE:(401)274-3700
RHODE ISLAND RENAL INSTITUTE INC 2736 POST RD WARWICK, RI 02886 PROVIDER NO: 412501	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 080977 OWNERSHIP: PROFIT INTERMEDIARY: 00370 CROSS-REFER NO:	HCFA REGION: 01 TOTAL STATIONS: 017 RENAL NETWORK: 28 PHONE:(401)738-4050
RHODE ISLAND RENAL INSTITUTE ONE WEST DRIVE WESTERLY, RI 02891 PROVIDER NO: 412502	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 111980 OWNERSHIP: NONPROFIT INTERMEDIARY: 00370 CROSS-REFER NO:	HCFA REGION: 01 TOTAL STATIONS: 012 RENAL NETWORK: 28 PHONE:(401)596-0368
ARTIFICIAL KIDNEY CTR OF WOONSOCKET 2100 DIAMOND HILL RD WOONSOCKET, RI 02895 PROVIDER NO: 412503	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO	DATE APPROVED: 041486 OWNERSHIP: PROFIT INTERMEDIARY: 00370 CROSS-REFER NO:	HCFA REGION: 01 TOTAL STATIONS: 011 RENAL NETWORK: 28 PHONE:(401)438-5930

STATE=SOUTH CAROLINA

SPOONER DIALYSIS CENTER 601 SILVER BLUFF RD, SUITE C AIKEN, SC 29801 PROVIDER NO: 422S12	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: D70780 OWNERSHIP: PROFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: D4 TOTAL STATIONS: D06 RENAL NETWORK: 20 PHONE:(803)649-0202
ANDERSON DIALYSIS CLINIC INC 416 E CALHOUN ST ANDERSON, SC 29621 PROVIDER NO: 422SD6	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININD: CAPD CCPD	DATE APPROVED: 09D176 OWNERSHIP: PROFIT INTERMEDIARY: D030D CROSS-REFER NO:	HCFA REGION: D4 TOTAL STATIONS: 016 RENAL NETWORK: 20 PHONE:(803)224-1671
BARNWELL DIALYSIS FACILITY 2SD9 REYNOLDS RD BARNWELL, SC 29812 PROVIDER NO: 422S2S	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 121086 OWNERSHIP: PROFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 0D6 RENAL NETWORK: 20 PHONE:(903)2S9-680S
LOW COUNTRY DIALYSIS FACILITY 21S S RIBAUT RD BEAUFORT, SC 29902 PROVIDER NO: 422S14	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 012081 OWNERSHIP: PROFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: D4 TOTAL STATIONS: 016 RENAL NETWORK: 20 PHONE:(BD3)S24-2373
BENNETTSVILLE DIALYSIS CTR 3D1 EAST MAIN ST BENNETTSVILLE, SC 29S12 PROVIDER NO: 422S2D	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 091683 OWNERSHIP: PROFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: D4 TOTAL STATIONS: D10 RENAL NETWORK: 2D PHONE:(803)369-082S
BMA OF CAMDEN INC 1111 BROAD ST CAMDEN, SC 29D2D PROVIDER NO: 422S09	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD:	DATE APPROVED: 060180 OWNERSHIP: PROFIT INTERMEDIARY: 0D30D CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 007 RENAL NETWORK: 20 PHONE:(BD3)432-1486
MUSC HEMO & TRANSPLANT PROGRAM 171 ASHLEY AVE CHARLESTON, SC 29425 PROVIDER NO: 42DDD4	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 09D176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00380 CROSS-REFER NO:422300	HCFA REGION: 04 TOTAL STATIONS: 012 RENAL NETWORK: 20 PHONE:(803)792-290S
DIALYSIS CLINIC INC 292 MEETING ST CHARLESTON, SC 29401 PROVIDER NO: 422S02	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 09D176 OWNERSHIP: NONPROFIT INTERMEDIARY: 0030D CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 020 RENAL NETWORK: 2D PHONE:(803)723-7201
DCI-WEST OF THE ASHLEY 46A MARKFIELD RD CHARLESTON, SC 29407 PROVIDER NO: 422S13	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: CAPD	DATE APPROVED: 112280 OWNERSHIP: NONPROFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 023 RENAL NETWORK: 20 PHONE:(803)766-2317
TRIDENT KIDNEY CENTER-BAKER 2741 SPEISSEGGER DR CHARLESTON, SC 2940S PROVIDER NO: 422S23	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO:	DATE APPROVED: 061086 OWNERSHIP: PROFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 20 PHONE:(803)S72-1660
TRIDENT KIDNEY CENTER 93DS MEDICAL PLAZA DR CHARLESTON HEIGHTS, SC 29405 PROVIDER NO: 422S16	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO: CAPD	DATE APPROVED: 111682 OWNERSHIP: PROFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 020 RENAL NETWORK: 20 PHONE:(803)S71-1916

STATE=SOUTH CAROLINA CONTINUED

BMA OF CHESTER PEOPLES PLAZA,CESTRIAN SQUARE CHESTER, SC 29706 PROVIDER NO: 422S18	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 062983 OWNERSHIP: PROFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 20 PHONE:(803)377-8128
RICHLAND MEMORIAL HOSP- 3301 HARDEN ST EXT COLUMBIA, SC 29202 PROVIDER NO: 420010	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00380 CROSS-REFER NO:422302	HCFA REGION: 04 TOTAL STATIONS: 000 RENAL NETWORK: 20 PHONE:(803)765-6230
BMA OF COLUMBIA 3321 MEDICAL PARK ROAD COLUMBIA, SC 29203 PROVIDER NO: 422504	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 028 RENAL NETWORK: 20 PHONE:(803)252-2876
COMMUNITY DIALYSIS-COLUMBIA 1919 DULL ST COLUMBIA, SC 29201 PROVIDER NO: 422529	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 031387 OWNERSHIP: PROFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 20 PHONE:(404)634-0737
DARLINGTON DIALYSIS CENTER 103 SALEEDY DR DARLINGTON, SC 29532 PROVIDER NO: 422530	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 051987 OWNERSHIP: PROFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 015 RENAL NETWORK: 20 PHONE:(803)393-1682
DILLON DIALYSIS CTR 1301 S 2ND AVE DILLON, SC 29536 PROVIDER NO: 422532	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 110687 OWNERSHIP: PROFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 20 PHONE:(803)774-3687
FLORENCE DIALYSIS CLINIC 237 SOUTH WARLEY STREET FLORENCE, SC 29501 PROVIDER NO: 422505	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 028 RENAL NETWORK: 20 PHONE:(803)669-0825
BMA OF GEORGETOWN 722 N. FRASER GEORGETOWN, SC 29440 PROVIDER NO: 422519	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: PERI CAPD CCPD	DATE APPROVED: 062883 OWNERSHIP: PROFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 20 PHONE:(803)242-0802
ST FRANCIS COMMUNITY HOSP- 118 SUMNER ST GREENVILLE, SC 29601 PROVIDER NO: 420023	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00380 CROSS-REFER NO:422303	HCFA REGION: 04 TOTAL STATIONS: 025 RENAL NETWORK: 20 PHONE:(803)271-6012
BIO MED APPLICATIONS OF GREENVILLE INC 1009 GROVE RD SUITE C 1 GREENVILLE, SC 29605 PROVIDER NO: 422503	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 019 RENAL NETWORK: 20 PHONE:(803)242-0802
CDS OF GREENWOOD 1020 SPRING STREET GREENWOOD, SC 29646 PROVIDER NO: 422515	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 052081 OWNERSHIP: PROFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 20 PHONE:(803)223-4335

STATE=SOUTH CAROLINA CONTINUED

KINGSTREE DIALYSIS CENTER RT 4 BOX 350 A KINGSTREE, SC 29556 PROVIDER NO: 422521	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 111385 OWNERSHIP: PROFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 20 PHONE:(803)382-9791
EAST COOPER KIDNEY CENTER 1136 BOWMAN RD MT PLEASANT, SC 29464 PROVIDER NO: 422526	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 102886 OWNERSHIP: PROFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 20 PHONE:(903)884-1647
DIALYSIS CLINIC, EAST OF THE COOPER 1092A HIGHWAY 17 BYPASS MT PLEASANT, SC 29464 PROVIDER NO: 422527	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 011487 OWNERSHIP: NONPROFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 006 RENAL NETWORK: 20 PHONE:(803)881-8344
MYRTLE BEACH DIALYSIS CENTER 7800 KINGS HIGHWAY MYRTLE BEACH, SC 29577 PROVIDER NO: 422507	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 081379 OWNERSHIP: PROFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 012 RENAL NETWORK: 20 PHONE:(803)449-9408
NEWBERRY DIALYSIS CENTER 2041 MEDICAL PARK DR NEWBERRY, SC 29108 PROVIDER NO: 422531	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 091787 OWNERSHIP: PROFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 012 RENAL NETWORK: 20 PHONE:(803)276-2860
DIALYSIS CLINICS AZALEA PLACE 2862 AZALEA DR NORTH CHARLESTON, SC 29405 PROVIDER NO: 422524	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 070386 OWNERSHIP: NONPROFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 20 PHONE:(803)554-1345
COMMUNITY DIALYSIS SERVICE 3031 ST. MATTHEWS RD ORANGEBURG, SC 29115 PROVIDER NO: 422508	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 120379 OWNERSHIP: PROFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 012 RENAL NETWORK: 20 PHONE:(803)533-1550
DIALYSIS CLINICS INC. 203 FREEMONT AVE SPARTANBURG, SC 29303 PROVIDER NO: 422511	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 072180 OWNERSHIP: NONPROFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 027 RENAL NETWORK: 20 PHONE:(803)585-2046
DIALYSIS CLINICS EAST SPARTANBURG 155 DILLON DR SPARTANBURG, SC 29302 PROVIDER NO: 422522	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 122085 OWNERSHIP: NONPROFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 20 PHONE:(803)585-4840
SUMTER DIALYSIS CENTER 214 HAMPTON ST SUMTER, SC 29150 PROVIDER NO: 422510	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: PERI CAPD	DATE APPROVED: 050180 OWNERSHIP: PROFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 019 RENAL NETWORK: 20 PHONE:(803)775-7374
DIALYSIS SERVICES OF WALTERBORO 776 N JEFFRIES BLVD WALTERBORO, SC 29488 PROVIDER NO: 422528	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 022787 OWNERSHIP: PROFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 006 RENAL NETWORK: 20 PHONE:(803)549-6643

STATE=SOUTH CAROLINA CONTINUED

BMA OF LEXINDTON INC	FACILITY TYPE: OIALYSIS FACILITY	OATE APPROVEO: 010783	HCFA REOION: 04
11D B LEXINDTON MEDICAL MALL	STAFF-ASSISTEO: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 009
WEST CDLUMBIA, SC 29169	SELF-CARE:	INTERMEOIARY: 00380	RENAL NETWORK: 20
PROVIOER NO: 422517	TRAININO:	CROSS-REFER ND:	PHONE:(803)796-2170

STATE=SOUTH DAKOTA

ST LUKES HOSP (ESRD) 30S S STATE ST ABERDEEN, SD 57401 PROVIDER NO: 430014	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 071477 OWNERSHIP: NONPROFIT INTERMEDIARY: 00141 CROSS-REFER NO:432302	HCFA REGION: 08 TOTAL STATIONS: 005 RENAL NETWORK: 07 PHONE:(605)229-3518
HURON REGIONAL MEDICAL CENTER 4TH & IOWA SE STS HURON, SD 57350 PROVIDER NO: 430011	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 081877 OWNERSHIP: NONPROFIT INTERMEDIARY: 00141 CROSS-REFER NO:432301	HCFA REGION: 08 TOTAL STATIONS: 005 RENAL NETWORK: 07 PHONE:(605)352-6431
ST MARYS HOSP 803 EAST DAKOTA AVE PIERRE, SD 57501 PROVIDER NO: 43001S	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 101080 OWNERSHIP: NONPROFIT INTERMEDIARY: 00141 CROSS-REFER NO:43230S	HCFA REGION: 08 TOTAL STATIONS: 004 RENAL NETWORK: 07 PHONE:(605)224-3100
RAPID CITY REGIONAL HOSP 353 FAIRMONT BLVD-BOX 6000 RAPID CITY, SD 57709 PROVIDER NO: 430077	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 071977 OWNERSHIP: NONPROFIT INTERMEDIARY: 00141 CROSS-REFER NO:432304	HCFA REGION: 08 TOTAL STATIONS: 006 RENAL NETWORK: 07 PHONE:(605)341-8314
SIOUX VALLEY HOSPITAL (ESRD) 1100 SOUTH EUCLID AVE SIOUX FALLS, SD 57105 PROVIDER NO: 430027	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 080877 OWNERSHIP: NONPROFIT INTERMEDIARY: 00141 CROSS-REFER NO:432303	HCFA REGION: 08 TOTAL STATIONS: 010 RENAL NETWORK: 07 PHONE:(605)333-6351
WAGNER SATELLITE UNIT THIRD STREET P.O. BOX 280 WAGNER, SD 57380 PROVIDER NO: 433501	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 092887 OWNERSHIP: NONPROFIT INTERMEDIARY: 00141 CROSS-REFER NO:	HCFA REGION: 08 TOTAL STATIONS: 005 RENAL NETWORK: 07 PHONE:(605)384-3366
PRAIRIE LAKES HOSPITAL-EAST 420 FOURTH STREET N E WATERTOWN, SD 57201 PROVIDER NO: 430001	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 071477 OWNERSHIP: NONPROFIT INTERMEDIARY: 00141 CROSS-REFER NO:432300	HCFA REGION: 08 TOTAL STATIONS: 007 RENAL NETWORK: 07 PHONE:(605)886-8431
SACRED HEART HOSPITAL ESRD 501 SUMMIT YANKTON, SD 57078 PROVIDER NO: 430012	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 120186 OWNERSHIP: NONPROFIT INTERMEDIARY: 00141 CROSS-REFER NO:432306	HCFA REGION: 08 TOTAL STATIONS: 005 RENAL NETWORK: 07 PHONE:(605)665-9371

STATE=TENNESSEE

BRISTOL DIALYSIS CENTER 200 MEMORIAL DRIVE DOCTORS BLDG BRISTOL, TN 37043 PROVIDER NO: 442519	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 091481 OWNERSHIP: PROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 005 RENAL NETWORK: 18 PHONE:(615)764-3196
DIALYSIS SERVICES OF BROWNSVILLE 1214 ANDERSON AVE BROWNSVILLE, TN 38012 PROVIDER NO: 442538	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 022887 OWNERSHIP: PROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 012 RENAL NETWORK: 18 PHONE:(301)772-2151
REGIONAL DIALYSIS CLINIC 1120 TAMBELL ST BROWNSVILLE, TN 38012 PROVIDER NO: 442644	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: SELF-CARE: TRAINING: HEMO	DATE APPROVED: 101786 OWNERSHIP: PROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 18 PHONE:(901)772-1161
ERLANGER MEDICAL CENTER 241 WHIEL ST CHATTANOOGA, TN 37403 PROVIDER NO: 440104	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00390 CROSS-REFER NO:442304	HCFA REGION: 04 TOTAL STATIONS: 000 RENAL NETWORK: 18 PHONE:(615)755-7583
DIALYSIS CLINIC 1425 S THIRD ST CHATTANOOGA, TN 37404 PROVIDER NO: 442505	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 022 RENAL NETWORK: 18 PHONE:(615)266-0758
CUMBERLAND DIALYSIS CENTER INC 1608 HAYNES ST CLARKSVILLE, TN 37040 PROVIDER NO: 442518	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 080381 OWNERSHIP: PROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 009 RENAL NETWORK: 18 PHONE:(615)645-1236
CLEVELAND DIALYSIS FACILITY INC 2850 NORTH OCOEE STREET CLEVELAND, TN 37311 PROVIDER NO: 442521	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 120281 OWNERSHIP: PROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 18 PHONE:(615)476-5545
REN CENTER COLUMBIA 2522 KEITH DRIVE COLUMBIA, TN 38401 PROVIDER NO: 442539	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 041886 OWNERSHIP: PROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 18 PHONE:(615)381-4466
MOORE TN ART KIDNEY CTR 1705 GROVE ST COLUMBIA, TN 38401 PROVIDER NO: 442546	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 011287 OWNERSHIP: PROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 006 RENAL NETWORK: 20 PHONE:(615)381-4218
DIALYSIS AFFILIATES OF COOKEVILLE 140 W. 7TH STREET #2 COOKEVILLE, TN 38501 PROVIDER NO: 442511	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 111379 OWNERSHIP: PROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 18 PHONE:(615)528-7483
DIALYSIS AFFILIATES OF CROSSVILLE 110 HAYES ST,HAYES MED BLDG CROSSVILLE, TN 38555 PROVIDER NO: 442551	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 033187 OWNERSHIP: PROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 18 PHONE:(615)484-5957

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RHEA CO MEDICAL CENTER HIGHWAY 27 NORTH DAYTON, TN 37321 PROVIDER NO: 44DD23	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAININD:	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: DD39D CROSS-REFER NO:442300	HCFA REDION: 04 TOTAL STATIONS: 004 RENAL NETWORK: 18 PHONE:(61S)77S-1121
DIALYSIS CENTER OF MIDDLE TN 41A DECHERD PLAZA DECHERD, TN 37324 PROVIDER NO: 442S1D	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: CAPD	DATE APPROVED: D92179 OWNERSHIP: PROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REDION: 04 TOTAL STATIONS: D08 RENAL NETWORK: 18 PHONE:(616)4SS-SOO9
DIALYSIS CLINIC INC 2020 HWY 46 DICKSON, TN 37DSS PROVIDER NO: 442S36	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO:	DATE APPROVED: 013086 OWNERSHIP: PROFIT INTERMEDIARY: 0039D CROSS-REFER NO:	HCFA REDION: 04 TOTAL STATIONS: 0DS RENAL NETWORK: 18 PHONE:(61S)446-0111
DIALYSIS CLINICS INC 276D LEBANONK RD DONELSON, TN 37214 PROVIDER NO: 442S3S	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD:	DATE APPROVED: 1D1686 OWNERSHIP: NONPROFIT INTERMEDIARY: 0039D CROSS-REFER NO:	HCFA REDION: 04 TOTAL STATIONS: DD8 RENAL NETWORK: 18 PHONE:(61S)88S-S316
COMMUNITY DIALYSIS SERVICES 2D1S ST JOHN EXTENDED DYERSBURG, TN 38D24 PROVIDER NO: 442S33	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININD:	DATE APPROVED: 082985 OWNERSHIP: PROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REDION: 04 TOTAL STATIONS: 012 RENAL NETWORK: 18 PHONE:(901)286-S184
DIALYSIS CLINIC INC 61D4 N MACK SMITH RD E RIDGE, TN 37412 PROVIDER NO: 442S14	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD:	DATE APPROVED: 100180 OWNERSHIP: NONPROFIT INTERMEDIARY: DD390 CROSS-REFER NO:	HCFA REDION: 04 TOTAL STATIONS: 024 RENAL NETWORK: 18 PHONE:(61S)894-8133
CENTER FOR KIDNEY DISEASE-FRANKLIN 133S CARTERS CREEK PIKE FRANKLIN, TN 37064 PROVIDER NO: 442S26	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 071884 OWNERSHIP: NONPROFIT INTERMEDIARY: 0039D CROSS-REFER NO:	HCFA REDION: 04 TOTAL STATIONS: 006 RENAL NETWORK: 18 PHONE:(61S)790-3060
GREENVILLE DIALYSIS CENTER 1134 TUSCULUM BLVD GREENVILLE, TN 37743 PROVIDER NO: 442S22	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 071282 OWNERSHIP: PROFIT INTERMEDIARY: DD390 CROSS-REFER NO:	HCFA REDION: 04 TOTAL STATIONS: 00S RENAL NETWORK: 18 PHONE:(61S)638-1201
DIALYSIS CLINIC INC 21S NORTH 14TH ST HUMBOLDT, TN 38343 PROVIDER NO: 442S32	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO:	DATE APPROVED: 070186 OWNERSHIP: NONPROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REDION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 18 PHONE:(901)784-4384
REGIONAL DIALYSIS CLINIC INC 2267 EAST END DRH HUMBOLDT, TN 38343 PROVIDER NO: 442S4S	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD:	DATE APPROVED: 111486 OWNERSHIP: PROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REDION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 18 PHONE:(901)784-3161
DIALYSIS CLINIC INC 31 SANDSTONE CIRCLE JACKSON, TN 3830S PROVIDER NO: 442S04	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: D90176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REDION: 04 TOTAL STATIONS: 02S RENAL NETWORK: 18 PHONE:(901)668-0800

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REDIONAL DIALYSIS CLINICS INC 16 MURRAY OUARD DR JACKSON, TN 38305 PROVIDER NO: 442550	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININO: HEMO PERI CAPD CCPD	DATE APPROVED: 021387 OWNERSHIP: PROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REDION: 04 TOTAL STATIONS: 020 RENAL NETWORK: 18 PHONE:(901)668-5640
EAST TN DIALYSIS CENTER 107 WOODLAWN DRIVE JOHNSON CITY, TN 37604 PROVIDER NO: 442601	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO: HEMO CAPD	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 015 RENAL NETWORK: 18 PHONE:(615)282-6412
KINOSPORT DIALYSIS CENTER 2612 JOHN B DENNIS BYPASS KINOSPORT, TN 37660 PROVIDER NO: 442512	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININO: HEMO CAPD	DATE APPROVED: 020180 OWNERSHIP: PROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 18 PHONE:(615)288-7711
DIALYSIS CLINIC INC 3731 MARTIN MILL PIKE KNOXVILLE, TN 37920 PROVIDER NO: 442503	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO: HEMO CAPD	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 028 RENAL NETWORK: 18 PHONE:(615)573-3944
KNOXVILLE DIALYSIS CENTER 10001 KINOSTON PIKE, DOK 12A KNOXVILLE, TN 37992 PROVIDER NO: 442525	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO:	DATE APPROVED: 022884 OWNERSHIP: NONPROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 006 RENAL NETWORK: 18 PHONE:(615)693-9529
NORTH KNOXVILLE DIALYSIS CTR INC 4440 WALKER BLVD-P.O. BOK 5631 KNOXVILLE, TN 37928 PROVIDER NO: 442527	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININO: CAPD	DATE APPROVED: 101084 OWNERSHIP: NONPROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 18 PHONE:(615)687-3436
UNIV OF TENNESSEE TRANSPLANT PROORAM 1924 ALCOA HIOHWAY KNOXVILLE, TN 37920 PROVIDER NO: 44001S	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAININO:	DATE APPROVED: 123184 OWNERSHIP: NONPROFIT INTERMEDIARY: 00390 CROSS-REFER NO:442309	HCFA REGION: 04 TOTAL STATIONS: 000 RENAL NETWORK: 18 PHONE:(615)971-3011
EAST KNOXVILLE DIALYSIS CENTER 2717 MAONOLIA AVE KNOKVILLE, TN 37917 PROVIDER NO: 442530	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO: HEMO CAPD	DATE APPROVED: 042685 OWNERSHIP: NONPROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 015 RENAL NETWORK: 18 PHONE:(615)544-0082
DIALYSIS ASSOC WEST INC 11305 STATION W KNOXVILLE, TN 37922 PROVIDER NO: 442553	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO:	DATE APPROVED: 091487 OWNERSHIP: PROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 18 PHONE:(615)900-5100
LAFOLLETTE DIALYSIS CENTER P.O. BOK 5631T KNOXVILLEE, TN 37928 PROVIDER NO: 442537	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO:	DATE APPROVED: 022486 OWNERSHIP: PROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 18 PHONE:(615)562-2084
CENTER FOR KIDNEY DISEASES 301 E HIOH ST LEBANON, TN 37087 PROVIDER NO: 442529	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO:	DATE APPROVED: 041885 OWNERSHIP: PROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 005 RENAL NETWORK: 18 PHONE:(615)449-3120

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DIALYSIS CLINIC INC 605 WEST DUE WEST AVE MADISON, TN 3711S PROVIDER NO: 442S07	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 022 RENAL NETWORK: 18 PHONE:(61S)86S-7310
DIALYSIS CLINIC INC 1720 HWY 411 S MARYVILLE, TN 37801 PROVIDER NO: 442S31	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 050685 OWNERSHIP: NONPROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 006 RENAL NETWORK: 18 PHONE:(61S)983-2212
BAPTIST MEM HOSP 1025 CRUMP BOULEVARD MEMPHIS, TN 38104 PROVIDER NO: 440048	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00390 CROSS-REFER NO:442302	HCFA REGION: 04 TOTAL STATIONS: 039 RENAL NETWORK: 18 PHONE:(901)522-6S16
UNIV OF TN HOSP-DEPT OF SURGERY 9S6 COURT, COLEMAN BLDG. MEMPHIS, TN 38163 PROVIDER NO: 440166	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 081880 OWNERSHIP: NONPROFIT INTERMEDIARY: 00390 CROSS-REFER NO:442306	HCFA REGION: 04 TOTAL STATIONS: 000 RENAL NETWORK: 18 PHONE:(901)528-5104
UNIVERSITY PHYSICIANS DIALYSIS CTR 66 N PAULINE SUITE 233 MEMPHIS, TN 3810S PROVIDER NO: 442S23	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 110183 OWNERSHIP: PROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 033 RENAL NETWORK: 18 PHONE:(901)577-4191
EAST MEMPHIS KIDNEY CLINIC INC. 6005 PARK, SUITE 1278 MEMPHIS, TN 38119 PROVIDER NO: 442S24	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 020984 OWNERSHIP: NONPROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 006 RENAL NETWORK: 18 PHONE:(901)76S-2080
LE BONHEUR CHILDRENS HOSP 848 ADAMS AVE MEMPHIS, TN 38103 PROVIDER NO: 443301	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: PERI CCPD	DATE APPROVED: 061884 OWNERSHIP: NONPROFIT INTERMEDIARY: 00390 CROSS-REFER NO:442307	HCFA REGION: 04 TOTAL STATIONS: 004 RENAL NETWORK: 18 PHONE:(901)522-300S
METHODIST HOSP 126S UNION AVE MEMPHIS TN, TN 38104 PROVIDER NO: 440049	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 080180 OWNERSHIP: NONPROFIT INTERMEDIARY: 00390 CROSS-REFER NO:442308	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 18 PHONE:(901)726-8603
MORRISTOWN DIALYSIS CENTER 848 W FOURTH NORTH ST MORRISTOWN, TN 37814 PROVIDER NO: 442S17	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 080681 OWNERSHIP: NONPROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 18 PHONE:(61S)587-3537
DIALYSIS CLINIC INC 1024 N HIGHLAND AVE MURFREESBORO, TN 37130 PROVIDER NO: 442S20	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 110784 OWNERSHIP: NONPROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 006 RENAL NETWORK: 18 PHONE:(61S)890-7741
REN CENTER 1346 DOW ST MURFREESBORO, TN 37130 PROVIDER NO: 442S49	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: PERI	DATE APPROVED: 011487 OWNERSHIP: PROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 013 RENAL NETWORK: 18 PHONE:(61S)890-7270

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VANDERBILT UNIV HOSP- 1161 21ST AVE SOUTH NASHVILLE, TN 37232 PROVIDER NO: 440039	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 093084 OWNERSHIP: NONPROFIT INTERMEDIARY: 00390 CROSS-REFER NO:442301	HCFA REGION: 04 TOTAL STATIONS: 000 RENAL NETWORK: 18 PHONE:(615)322-2415
DIALYSIS CLINIC INC 1600 HAYES STREET NASHVILLE, TN 37203 PROVIDER NO: 442502	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 036 RENAL NETWORK: 18 PHONE:(615)327-3984
KEN CENTER WHITE BRIDGE 103 WHITE BRIDGE ROAD NASHVILLE, TN 37209 PROVIDER NO: 442540	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO	DATE APPROVED: 051686 OWNERSHIP: PROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 015 RENAL NETWORK: 18 PHONE:(615)352-5535
DIALYSIS CLINIC INC 417 HARDING INDUSTRIAL DR BLDG NASHVILLE, TN 37211 PROVIDER NO: 442541	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 062486 OWNERSHIP: NONPROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 18 PHONE:(615)832-0761
CENTER FOR KIDNEY DISEASES 1916 CHARLOTTE AVE NASHVILLE, TN 37203 PROVIDER NO: 442547	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 020387 OWNERSHIP: PROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 006 RENAL NETWORK: 18 PHONE:(615)329-0969
DIALYSIS CLINIC OF OAK RIDGE 980 OAK RIDGE TNPK,PHYSICIANS PL OAK RIDGE, TN 37830 PROVIDER NO: 442513	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: PERI CAPD CCPD	DATE APPROVED: 071680 OWNERSHIP: PROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 013 RENAL NETWORK: 18 PHONE:(615)482-7650
DIALYSIS CLINIC INC 210W 12TH ST SOUTH PITTSBURG, TN 37380 PROVIDER NO: 442548	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 020987 OWNERSHIP: NONPROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 005 RENAL NETWORK: 18 PHONE:(615)837-3781
ARTIFICIAL KIDNEY SYSTEMS 1504 MEMORIAL BLVD SPRINGFIELD, TN 37172 PROVIDER NO: 442542	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 060386 OWNERSHIP: PROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 18 PHONE:(615)384-2623
DIALYSIS SVCS OF SPRINGFIELD INC 205 5TH AVE E SPRINGFIELD, TN 37172 PROVIDER NO: 442543	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 091086 OWNERSHIP: PROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 18 PHONE:(615)384-7842

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ABILENE AREA DIALYSIS CENTER 1BD2 PINE STREET ABILENE, TX 79601 PROVIDER NO: 4S2S11	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 0B3177 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REOION: 06 TOTAL STATIONS: 022 RENAL NETWORK: 11 PHONE:(915)672-3243
SOUTH TEXAS XIONEY CENTER SS9 B. HIGHWAY 2B1 N ALICE, TX 78332 PROVIOER NO: 4S2S37	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTEO: HEMO PERI SELF-CARE: TRAININO:	OATE APPROVEO: 102980 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REOION: 06 TOTAL STATIONS: 008 RENAL NETWORK: 11 PHONE:(S12)664-1723
ST ANTHONYS HOSP 73S N POLK ST AMARILLO, TX 79176 PROVIOER NO: 4S0231	FACILITY TYPE: OIALYSIS CENTER STAFF-ASSISTEO: HEMO SELF-CARE: TRAININO:	DATE APPROVEO: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:462340	HCFA REOION: 06 TOTAL STATIONS: 008 RENAL NETWORX: 11 PHONE:(806)376-4411
HIGH PLAINS OIALYSIS CENTER 5920 AMARILLO BLVO WEST AMARILLO, TX 79106 PROVIOER NO: 452S13	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: HEMO TRAINING:	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEOIARY: 00400 CROSS-REFER NO:	HCFA REOION: 06 TOTAL STATIONS: 022 RENAL NETWORX: 11 PHONE:(B06)3S3-91B1
ANGLETON DANBURY OIALYSIS CLINIC 13S HOSPITAL OR ANGLETON, TX 77S1S PROVIOER NO: 4S2S49	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPO	DATE APPROVEO: 100182 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REOION: 06 TOTAL STATIONS: 011 RENAL NETWORX: 11 PHONE:(409)849-7721
COMMUNITY DIALYSIS SVCS 201 W RANOOL MILL RO ARLINGTON, TX 76D12 PROVIOER NO: 4S2S80	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAININO: HEMO CAPO	DATE APPROVED: 062086 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REOION: 06 TOTAL STATIONS: 010 RENAL NETWORX: 11 PHONE:(817)277-1941
SOUTH ARLINGTON OIALYSIS CENTER 314B MATLOCX RO.,SUITE SOS ARLINGTON, TX 7601S PROVIDER NO: 4S2S92	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAININO:	DATE APPROVEO: 120386 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REOION: 06 TOTAL STATIONS: 008 RENAL NETWORX: 11 PHONE:(214)46S-3241
BRACKENRIOGE HOSP 1STH & EAST AVE AUSTIN, TX 7B701 PROVIOER NO: 4S0124	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTEO: SELF-CARE: TRAINING:	OATE APPROVEO: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:4S2313	HCFA REOION: 06 TOTAL STATIONS: 000 RENAL NETWORX: 11 PHONE:(612)476-6461
AUSTIN DIAGNOSTIC CLINIC B01 W 34TH ST AUSTIN, TX 7870S PROVIOER NO: 4S2S03	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPO CCPO	OATE APPROVEO: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REOION: 06 TOTAL STATIONS: 033 RENAL NETWORK: 11 PHONE:(S12)4S9-1111
AUSTIN OIAGNOSTIC CLINIC 623 RADAM LANE AUSTIN, TX 78704 PROVIOER NO: 4S2602	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAININO:	DATE APPROVED: 102787 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REOION: 06 TOTAL STATIONS: 014 RENAL NETWORX: 11 PHONE:( ) -
MATAGORDA GENERAL HOSP 111S AVE G, BOX 910 BAY CITY, TX 77414 PROVIOER NO: 4S0465	FACILITY TYPE: OIALYSIS FACILITY-HOSP STAFF-ASSISTEO: HEMO SELF-CARE: TRAINING:	OATE APPROVEO: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:4S2329	HCFA REOION: 06 TOTAL STATIONS: 009 RENAL NETWORX: 11 PHONE:(409)24S-6383

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BAYTOWN DIALYSIS FACILITY 4600 NORTH MAIN BAYTOWN, TX 77520 PROVIDER NO: 45257S	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO:	DATE APPROVED: 041S86 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REOION: 06 TOTAL STATIONS: 010 RENAL NETWORX: 11 PHONE:(7I3)422-3794
OOLDEN TRIANOLE DIALYSIS CTR 32B2 COLLEDE BEAUMONT, TX 77701 PROVIDER NO: 452524	FACILITY TYPE: DIALYSIS FACILITY 6TAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAININO: CAPD	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 024 RENAL NETWORK: I1 PHONE:(409)832-8423
COMMUNITY DIALYSIS SVCS OF BEAUMONT 36BO COLLEDE 6T BEAUMONT, TX 77701 PROVIOER NO: 4S2677	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI 6ELF-CARE: TRAININO: CAPD	DATE APPROVED: 061386 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 010 RENAL NETWORK: I1 PHONE:(409)838-6602
HEB DIALYSIS CENTER 270D TIBBET6 DR BEDFORD, TX 76022 PROVIDER NO: 4S2SB3	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTEO: HEMO PERI 6ELF-CARE: TRAININD:	OATE APPROVED: 072S86 OWNERSHIP: PROFIT INTERMEOIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 008 RENAL NETWORX: 11 PHONE:(817)3S4-8811
VALLEY HEMODIALYSIS CENTER BSS W. PRICE RD #3 BRDWNSVILLE, TX 78S20 PROVIDER NO: 452S17	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: CAPD	DATE APPROVEO: 083177 OWNERSHIP: PROFIT INTERMEOIARY: 00400 CROSS-REFER NO:	HCFA REOION: 06 TOTAL STATIONS: 01S RENAL NETWORK: 11 PHONE:(SI2)S46-3738
BROWNWOOD RENAL CARE CENTER 11BA SOUTH PARK BROWNWOOD, TX 768D1 PRDVIDER NO: 4S25S9	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININO: CAPD	DATE APPROVED: 03IS85 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 006 RENAL NETWORX: I1 PHONE:(915)646-9S10
HEALTH SYSTEMS INTERNATIONAL OF BRYAN 17DS EAST 29TH ST BRYAN, TX 77B01 PROVIDER NO: 452S50	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAININO: HEMO PERI CAPO	OATE APPROVED: 092782 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 014 RENAL NETWORX: I1 PHONE:(409)77S-9483
CARTHADE DIALYSIS CENTER 3D1 E SABINE CARTHAOE, TX 75633 PRDVIDER ND: 452SS6	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD:	OATE APPROVEO: 080883 OWNERSHIP: PROFIT INTERMEOIARY: 0D400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 010 RENAL NETWORX: 11 PHONE:(214)693-4S11
MEDICAL CENTER HOSPITAL ESRD S04 MEDICAL CENTER BLVD CONRDE, TX 773D5 PROVIDER ND: 4SD222	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAININO: HEMO PERI CAPD	DATE APPROVED: 041786 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:4S2349	HCFA REOION: 06 TOTAL STATIONS: 0IO RENAL NETWORX: 11 PHONE:(409)S39-1111
SPDHN HOSP 6DO ELIZABETH ST CORPUS CHRISTI, TX 7B404 PROVIDER NO: 4S0153	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAININO: CAPD	DATE APPROVED: 083I77 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:4S231S	HCFA REOION: 06 TOTAL STATIONS: 018 RENAL NETWORX: 11 PHONE:(S12)881-3351
COASTAL BEND RENAL DIALYSIS FAC 2733 SWANTNER DRIVE CORPUS CHRISTI, TX 7B4D4 PROVIDER NO: 4S2S14	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: CAPO	OATE APPROVED: 083I77 OWNERSHIP: PROFIT INTERMEOIARY: 00400 CROSS-REFER NO:	HCFA REOION: 06 TOTAL STATIONS: 02S RENAL NETWORK: 11 PHONE:(512)855-4911

STATE=TEXAS CONTINUED

CDMM DIALYSIS SVCS OF CORPUS CHRISTI 1D10 AYERS STREET CORPUS CHRISTI, TX 78404 PRDVIDER NO: 4S2S89	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAININD: HEMO CAPD	DATE APPROVED: 1D3186 OWNERSHIP: PROFIT INTERMEDIARY: DD400 CRDSS-REFER ND:	HCFA REOIDN: D6 TDTAL STATIONS: 010 RENAL NETWORK: 11 PHONE:(512)887-7847
MEDICAL ARTS CLINIC ASSN-HEMO CTR 301 HDSPITAL DRIVE CDRSICANA, TX 7S11D PRDVIDER NO: 4S2S53	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPRDVED: D40483 DWNERSHIP: PROFIT INTERMED1ARY: 00400 CRDSS-REFER ND:	HCFA REDIDN: 06 TDTAL STATIONS: 012 RENAL NETWDRK: 11 PHONE:(214)872-4611
PARKLAND MEMORIAL HDSPITAL S201 HARRY HINES 8LVD. DALLAS, TX 7S231 PRDVIDER NO: 4S001S	FACILITY TYPE: TRANSPLANT/DIALYS1S CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININD: CAPD	DATE APPRDVED: D93084 OWNERSHIP: NDNPROFIT INTERMEDIARY: DD4DD CRDSS-REFER ND:4523D1	HCFA REOIDN: D6 TOTAL STATIDNS: D14 RENAL NETWORK: 11 PHDNE:(214)590-8DDD
8AYLDR UNIVERSITY MEDICAL CENTER, ESRD 35DD GASTDN AVE DALLAS, TX 7S246 PRDVIDER NO: 4SDD21	FACILITY TYPE: TRANSPLANT DNLY STAFF-ASSISTED: SELF-CARE: TRAININD:	DATE APPRDVED: 062785 DWNERSHIP: NDNPROFIT INTERMEDIARY: DD4DD CRDSS-REFER NO:4S2347	HCFA REDIDN: 06 TDTAL STATIDNS: DDD RENAL NETWORK: 11 PHONE:(214)820-4D76
ST PAUL HOSPITAL 59D9 HARRY HINES 8LVD DALLAS, TX 7523S PRDVIDER ND: 4SDD44	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 09D177 OWNERSHIP: NONPROFIT INTERMEDIARY: 0040D CRDSS-REFER NO:4S2307	HCFA REOION: 06 TOTAL STATIONS: 004 RENAL NETWDRK: 11 PHONE:(214)689-2DDD
METHDDIST MEDICAL DF DALLAS 3D1 W COLORADO 8LVD DALLAS, TX 7S2D8 PROVIDER NO: 4SODS1	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD:	DATE APPROVED: D93084 DWNERSHIP: NDNPROFIT INTERMEDIARY: D04DD CRDSS-REFER NO:452308	HCFA REOION: 06 TOTAL STATIONS: 002 RENAL NETWDRK: 11 PHDNE:(214)944-8181
PRES8YTERIAN HOSP 8200 WALNUT HILL LANE DALLAS, TX 7S231 PROVIDER NO: 4SD462	FACILITY TYPE: INPATIENT DNLY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CRDSS-REFER NO:4S2327	HCFA REOION: 06 TOTAL STATIONS: 003 RENAL NETWORK: 11 PHONE:(214)369-4111
CHILDRENS MEDICAL CENTER OF DALLAS 193S MOTOR STREET DALLAS, TX 7S23S PROVIDER NO: 4SOS60	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: PERI CAPD CCPD	DATE APPROVED: 062785 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CRDSS-REFER NO:452344	HCFA REOION: 06 TOTAL STATIONS: 002 RENAL NETWORK: 11 PHONE:(214)920-2000
SOUTHWESTERN DIALYSIS FACILITY 6010 FOREST PARK RD DALLAS, TX 7S23S PROVIDER NO: 4S2S01	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 0D400 CROSS-REFER NO:	HCFA REOION: 06 TOTAL STATIONS: 036 RENAL NETWORK: 11 PHONE:(214)637-S034
DALLAS KIDNEY DISEASE CENTER 3604 LIVE OAK DALLAS, TX 7S204 PROVIDER NO: 4S2S0S	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAININD: HEMO	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 0D400 CROSS-REFER NO:	HCFA REOION: 06 TOTAL STATIONS: 053 RENAL NETWORK: 11 PHONE:(214)827-7840
OAK CLIFF DIALYSIS CENTER 516-518 SOUTH HAMPTON DALLAS, TX 7S208 PROVIDER NO: 4S2S16	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REOION: 06 TOTAL STATIONS: 020 RENAL NETWORK: 11 PHONE:(214)941-2822

STATE=TEXAS CONTINUED

DALLAS NORTH DIALYSIS CENTER
7777 FOREST LANE-SUITE 2241
DALLAS, TX 75230
PROVIDER NO: 452621

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO
TRAINING: HEMO

DATE APPROVED: 021378
OWNERSHIP: PROFIT
INTERMEDIARY: 004DD
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 022
RENAL NETWORK: 11
PHONE:(214)661-7170

VAL VERDE RENAL CARE CENTER
801 BEDWELL AVE
DEL RIO, TX 78840
PROVIDER NO: 452557

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 040184
OWNERSHIP: PROFIT
INTERMEDIARY: 00400
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 006
RENAL NETWORK: 11
PHONE:(512)775-8566

WATSON W WISE MEDICAL CTR
1201 W WASHINGTON #200
DENISON, TX 75020
PROVIDER NO: 460324

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAININD: CAPD

DATE APPROVED: 011278
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00400
CROSS-REFER NO:452343

HCFA REGION: 06
TOTAL STATIONS: 010
RENAL NETWORK: 11
PHONE:(214)465-4111

DENTON DIALYSIS CLINIC INC
4309 MESA DRIVE
DENTON, TX 76201
PROVIDER NO: 452526

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO
TRAINING: CAPD

DATE APPROVED: 070178
OWNERSHIP: PROFIT
INTERMEDIARY: 00400
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 013
RENAL NETWORK: 11
PHONE:(817)566-2701

EAGLE PASS KIDNEY DISEASE CLINIC
950 PUEBLA
EAGLE PASS, TX 78852
PROVIDER NO: 452541

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAININD: HEMO CAPD

DATE APPROVED: 030181
OWNERSHIP: PRDFIT
INTERMEDIARY: 004DO
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 014
RENAL NETWORK: 11
PHONE:(512)773-9545

HOTEL DIEU MEDICAL CENTER
1014 N STANTON ST
EL PASO, TX 79902
PROVIDER NO: 45D013

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO
TRAINING: HEMO CAPD

DATE APPROVED: 083177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00400
CROSS-REFER NO:452300

HCFA REGION: 06
TOTAL STATIONS: 045
RENAL NETWORK: 11
PHONE:(915)545-3111

EL PASO DIALYSIS CENTER
1900 N OREDDN, SUITE 307
EL PASO, TX 79902
PROVIDER NO: 452501

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAININD: HEMO PERI

DATE APPROVED: 060986
OWNERSHIP: PROFIT
INTERMEDIARY: 00400
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 010
RENAL NETWORK: 11
PHONE:(915)534-4435

SIERRA DIALYSIS CENTER
1733 CURIE
EL PASO, TX 79902
PROVIDER NO: 452586

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI CAPD

DATE APPROVED: 081486
OWNERSHIP: PROFIT
INTERMEDIARY: 004DO
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 018
RENAL NETWORK: 11
PHONE:(915)534-0211

EL PASO DIALYSIS CENTER EAST
1042D VISTA DEL SOL
EL PASO, TX 79935
PROVIDER NO: 452597

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAININD: HEMO PERI CAPD

DATE APPROVED: 050487
OWNERSHIP: PROFIT
INTERMEDIARY: 00400
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 019
RENAL NETWORK: 11
PHONE:(915)592-8496

SIERRA MEDICAL CENTER
1625 MEDICAL CENTER DR
EL PASO, TX 79902
PROVIDER NO: 450668

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 081487
OWNERSHIP: PROFIT
INTERMEDIARY: 00400
CROSS-REFER NO:452351

HCFA REGION: 06
TOTAL STATIONS: 013
RENAL NETWORK: 11
PHONE:(915)532-4000

ELLIS COUNTY KIDNEY DISEASE CTR
708 LAMPASSAS ST
ENNIS, TX 75119
PROVIDER NO: 452582

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 071686
OWNERSHIP: PROFIT
INTERMEDIARY: 00400
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 010
RENAL NETWORK: 11
PHONE:(214)875-8469

STATE=TEXAS CONTINUED

DIALYSIS ASSOCIATES 1408 ST LOUIS FORT WORTH, TX 76104 PROVIDER NO: 452502	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: CAPD	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 045 RENAL NETWORK: 11 PHONE:(817)921-5191
KIDNEY CARE -FORT WORTH INC P.O. BOX 8872 FORT WORTH, TX 76124 PROVIDER NO: 452563	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAININD: HEMO PERI	DATE APPROVED: 061785 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 010 RENAL NETWORK: 11 PHONE:(817)451-8325
COMMUNITY DIALYSIS SVCS OF FT WORTH 1001 PENNSYLVANIA AVE FORT WORTH, TX 76104 PROVIDER NO: 452579	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD:	DATE APPROVED: 050986 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 020 RENAL NETWORK: 11 PHONE:(817)877-5907
HARRIS HOSP-FT WORTH ESRD 1301 PENNSYLVANIA FT WORTH, TX 76104 PROVIDER NO: 45D13S	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 1D308S OWNERSHIP: NONPROFIT INTERMEDIARY: 0040D CROSS-REFER NO:452337	HCFA REGION: 06 TOTAL STATIONS: 000 RENAL NETWORK: 11 PHONE:(817)334-6161
WEST FT WORTH DIALYSIS CTR 5512G BELLAIRE DR SO FT WORTH, TX 761D9 PROVIDER NO: 452594	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 012787 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 010 RENAL NETWORK: 11 PHONE:(817)738-8703
UNIVERSITY OF TEXAS-MEDICAL BRANCH 4200 OLD JOHN SEALY, E-62 GALVESTON, TX 77550 PROVIDER NO: 450018	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAININD: PERI CAPD	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:452303	HCFA REGION: 06 TOTAL STATIONS: 019 RENAL NETWORK: 11 PHONE:(409)761-1811
ISLAND DIALYSIS CTR 707 TREMONT GALVESTON, TX 77550 PROVIDER NO: 452520	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD:	DATE APPROVED: 092677 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 017 RENAL NETWORK: 11 PHONE:(713)763-0371
THE AUSTIN DIAGNOSTIC CLINIC HIGHWAY 141 & CACTUS ST GIDDINGS, TX 78942 PROVIDER NO: 452529	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININD:	DATE APPROVED: 021979 OWNERSHIP: PROFIT INTERMEDIARY: 0040D CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 010 RENAL NETWORK: 11 PHONE:(409)542-3116
MID CITIES DIALYSIS CENTER 522 AVE K EAST GRAND PRAIRIE, TX 75050 PROVIDER NO: 452534	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 052179 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 013 RENAL NETWORK: 11 PHONE:(214)641-4646
GREENVILLE DIALYSIS CENTER 2805 MITCHELL ST GREENVILLE, TX 75401 PROVIDER NO: 452535	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAININD:	DATE APPROVED: 020480 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 014 RENAL NETWORK: 11 PHONE:(214)454-8301
VALLEY BAPTIST MEDICAL CENTER P.O. DRAWER 7050 HARLINGEN, TX 78550 PROVIDER NO: 450033	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: HEMO CAPD	DATE APPROVED: 090186 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:452362	HCFA REGION: 06 TOTAL STATIONS: 020 RENAL NETWORK: 11 PHONE:(512)421-1503

STATE=TEXAS CONTINUED

HERMANN HOSP 1203 ROSS STERLING AVE HOUSTON, TX 77025 PROVIDER NO: 450060	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: CAPD	DATE APPROVED: 040177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:452309	HCFA REGION: 06 TOTAL STATIONS: 014 RENAL NETWORK: 11 PHONE:(713)797-3700
DEN TAUB GENERAL HOSPITAL DDX 66769 HOUSTON, TX 77006 PROVIDER NO: 450269	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:452322	HCFA REGION: 06 TOTAL STATIONS: 007 RENAL NETWORK: 11 PHONE:(713)791-7000
METHODIST HOSPITAL-ESRD 6516 BERTNER BLVD HOUSTON, TX 77025 PROVIDER NO: 4S0350	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:4S2324	HCFA REGION: 06 TOTAL STATIONS: 040 RENAL NETWORK: 11 PHONE:(713)790-2687
GULF COAST DIALYSIS CENTER 4407 YOAKUM BLVD HOUSTON, TX 77006 PROVIDER NO: 4S2S00	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 049 RENAL NETWORK: 11 PHONE:(713)527-8434
DIAGNOSTIC CLINIC OF HOUSTON 6440 FANNIN HOUSTON, TX 77030 PROVIDER NO: 452509	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 016 RENAL NETWORK: 11 PHONE:(713)797-9191
WEST HOUSTON DIALYSIS FACILITY 9623 LONG POINT ROAD HOUSTON, TX 77055 PROVIDER NO: 452519	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: PERI CAPD CCPD	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 017 RENAL NETWORK: 11 PHONE:(713)932-6324
ZIMMERMAN MEDICAL CLINIC DIALYSIS CTR 7707 FANNIN SUITE 155 HOUSTON, TX 77054 PROVIDER NO: 4S2S23	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 061377 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 024 RENAL NETWORK: 11 PHONE:(713)797-9999
JACINTO TOWERS ARTIFICIAL KIDNEY CTR. 10100 E. FREEWAY I.H. 10 EAST HOUSTON, TX 77029 PROVIDER NO: 452530	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO PERI TRAINING: HEMO CAPD	DATE APPROVED: 042779 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 010 RENAL NETWORK: 11 PHONE:(713)674-5480
SOUTHEAST KIDNEY CENTER 9197 WINKLER DR. BLDG D HOUSTON, TX 77017 PROVIDER NO: 4S2S33	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 060479 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 015 RENAL NETWORK: 11 PHONE:(713)947-9564
ST JOSEPH DIALYSIS CTR 2424 HAMILTON SUITE 200 HOUSTON, TX 77004 PROVIDER NO: 4S2SS4	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 041183 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 025 RENAL NETWORK: 11 PHONE:(713)951-0421
FONOREN DIALYSIS CLINIC 8415 WEST BELLFORT #101 HOUSTON, TX 77071 PROVIDER NO: 452560	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 052185 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 012 RENAL NETWORK: 11 PHONE:(713)774-1508

STATE=TEXAS CONTINUED

HOUSTON NORTHWEST MED CENTER 710 FM 1960 WEST HOUSTON, TX 77090 PROVIDER NO: 4S0638	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 110686 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:4S2348	HCFA REGION: 06 TOTAL STATIONS: 014 RENAL NETWORK: 11 PHONE:(713)440-2S1S
NORTH BELT DIALYSIS CENTER 600S OAK VILLAGE RD HOUSTON, TX 77396 PROVIDER NO: 4S2S69	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 012386 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 010 RENAL NETWORK: 11 PHONE:(713)441-4128
PLAZA DIALYSIS UNIT 1200 BINZ SUITE 1180 HOUSTON, TX 77004 PROVIDER NO: 4S2S72	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 032186 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 020 RENAL NETWORK: 11 PHONE:(718)620-6790
NORTH HOUSTON DIALYSIS FACILITY 3S00 LITTLE YORK HOUSTON, TX 77093 PROVIDER NO: 4S2S74	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 041686 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 014 RENAL NETWORK: 11 PHONE:(713)692-0S42
SOUTHWEST HOUSTON DIALYSIS FACILITY 10850 S GESSNER HOUSTON, TX 77071 PROVIDER NO: 4S2S76	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 050786 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 012 RENAL NETWORK: 11 PHONE:(713)S41-SS41
HOUSTON KIDNEY CENTER 1200 BINZ,SUITE 300 HOUSTON, TX 77004 PROVIDER NO: 4S2578	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 061786 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 01S RENAL NETWORK: 11 PHONE:(713)624-3773
COMMUNITY DIALYSIS SVCS OF HOUSTON 7S43 SOUTH FREEWAY HOUSTON, TX 77021 PROVIDER NO: 4S2584	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 072S86 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 016 RENAL NETWORK: 11 PHONE:(713)741-9S76
ST LUKE'S EPISCOPAL HOSPITAL 7620 BERTNER ST HOUSTON, TX 77030 PROVIDER NO: 4S0193	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 092686 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:4S23S0	HCFA REGION: 06 TOTAL STATIONS: 000 RENAL NETWORK: 11 PHONE:(713)791-2011
TEXAS CHILDRENS HOSP BOX 20269 HOUSTON, TX 77025 PROVIDER NO: 4S3304	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 020287 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:4S2333	HCFA REGION: 06 TOTAL STATIONS: 004 RENAL NETWORK: 11 PHONE:(713)791-4714
IRVING DIALYSIS CENTER 1226 N BELTLINE RD IRVING, TX 75061 PROVIDER NO: 4S2S61	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 031186 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 007 RENAL NETWORK: 11 PHONE:(214)790-7223
JASPER DIALYSIS FACILITY 113S S WHEELER JASPER, TX 7S9S1 PROVIDER NO: 4S2S73	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 022886 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 010 RENAL NETWORK: 11 PHONE:(409)384-3SS4

STATE=TEXAS CONTINUED

KERRVILLE KIDNEY DISEASE DIALYSIS CT
314 W WATER ST
KERRVILLE, TX 78028
PROVIDER NO: 452546

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD

DATE APPROVED: 120181
OWNERSHIP: PROFIT
INTERMEDIARY: 00400
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 010
RENAL NETWORK: 11
PHONE:(512)896-8107

KIDNEY CARE OF LAPLACE
926 BELLE TERRE DRIVE
LAPLACE, TX 70068
PROVIDER NO: 192547

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 102087
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00170
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 007
RENAL NETWORK: 12
PHONE:( ) -

LAREDO KIDNEY CENTER
1020 EAST CALTON ROAD
LAREDO, TX 78041
PROVIDER NO: 452518

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 083177
OWNERSHIP: PROFIT
INTERMEDIARY: 00400
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 012
RENAL NETWORK: 11
PHONE:(512)724-3108

OOOO SHEPHERD MEDICAL CENTER
621 N STH ST
LONDVIEW, TX 75601
PROVIDER NO: 450037

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 083177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00400
CROSS-REFER NO:452306

HCFA REGION: 06
TOTAL STATIONS: 016
RENAL NETWORK: 11
PHONE:(214)236-2000

LONGVIEW KIDNEY DISEASE CTR
3101 N 4TH
LONGVIEW, TX 75601
PROVIDER NO: 452566

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 092885
OWNERSHIP: PROFIT
INTERMEDIARY: 00400
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 012
RENAL NETWORK: 11
PHONE:(214)758-4074

METHODIST HOSP
3615 19TH ST
LUBBOCK, TX 79410
PROVIDER NO: 450457

FACILITY TYPE: INPATIENT ONLY
STAFF-ASSISTED:
SELF-CARE:
TRAINING:

DATE APPROVED: 083177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00400
CROSS-REFER NO:452326

HCFA REGION: 06
TOTAL STATIONS: 002
RENAL NETWORK: 11
PHONE:(806)792-1011

LUBBOCK GENERAL HOSPITAL
602 INDIANA AVE BOX 5980
LUBBOCK, TX 79417
PROVIDER NO: 450686

FACILITY TYPE: TRANSPLANT ONLY
STAFF-ASSISTED:
SELF-CARE:
TRAINING:

DATE APPROVED: 090178
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00400
CROSS-REFER NO:452341

HCFA REGION: 06
TOTAL STATIONS: 000
RENAL NETWORK: 11
PHONE:(806)743-3311

SOUTH PLAINS DIALYSIS CENTER
4110 22ND PLACE
LUBBOCK, TX 79410
PROVIDER NO: 452506

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO
TRAINING: HEMO CAPD

DATE APPROVED: 083177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00400
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 032
RENAL NETWORK: 11
PHONE:(806)793-1414

SOUTH PLAINS KIDNEY DISEASE CTR
1607 W LOOP 289
LUBBOCK, TX 79416
PROVIDER NO: 452568

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 103085
OWNERSHIP: PROFIT
INTERMEDIARY: 00400
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 027
RENAL NETWORK: 11
PHONE:(806)799-2991

HENDERSON KIDNEY DISEASE CTR
FRANK & FRANKLIN STS
LUFKIN, TX 75901
PROVIDER NO: 452211

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 111081
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00400
CROSS-REFER NO:452345

HCFA REGION: 06
TOTAL STATIONS: 012
RENAL NETWORK: 11
PHONE:(409)634-8111

MADISON CO MEDICAL CENTER ESRD
100 W CROSS ST BOX 698
MADISONVILLE, TX 77864
PROVIDER NO: 450467

FACILITY TYPE: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 083177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00400
CROSS-REFER NO:45233D

HCFA REGION: 06
TOTAL STATIONS: 014
RENAL NETWORK: 11
PHONE:(409)348-2631

STATE=TEXAS CONTINUED

VALLEY HEMODIALYSIS CENTER 1117 E DALLAS MCALLEN, TX 78SD1 PROVIDER NO: 4S2SD8	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: D83177 OWNERSHIP: PROFIT INTERMEDIARY: DD4DD CROSS-REFER NO:	HCFA REGION: D6 TOTAL STATIONS: D22 RENAL NETWORK: 11 PHONE:(S12)682-1259
MESQUITE DIALYSIS CENTER SD2 W KEARNEY,SUITE 1DD MESQUITE, TX 7S1SD PROVIDER NO: 4S2S96	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: D31187 OWNERSHIP: PROFIT INTERMEDIARY: DD4DD CROSS-REFER NO:	HCFA REGION: D6 TOTAL STATIONS: D12 RENAL NETWORK: 11 PHONE:(214)288-9894
PERMIAN BASIN DIAYLSIS CENTER 2D9 YOUNGER RD MIDLAND, TX 797D1 PROVIDER NO: 4S2S12	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAININD: HEMO CAPD	DATE APPROVED: D83177 OWNERSHIP: PROFIT INTERMEDIARY: DD4DD CROSS-REFER NO:	HCFA REGION: D6 TOTAL STATIONS: D2D RENAL NETWORK: 11 PHONE:(91S)561-9325
KIDNEY CENTER OF MINERAL WELLS 4DD S.W. 25TH ST MINERAL WELL, TX 76D67 PROVIDER NO: 4S26D1	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: D9D487 OWNERSHIP: PROFIT INTERMEDIARY: DD4DD CROSS-REFER NO:	HCFA REGION: D6 TOTAL STATIONS: DD6 RENAL NETWORK: 11 PHONE:( ) -
MEMORIAL HOSPITAL 12D4 MOUND ST NACOGDOCHES, TX 7S961 PROVIDER NO: 45DS08	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: D83177 OWNERSHIP: NONPROFIT INTERMEDIARY: DD4DO CROSS-REFER NO:452331	HCFA REGION: D6 TOTAL STATIONS: D1D RENAL NETWORK: 11 PHONE:(4D9)564-4611
MEDICAL CENTER HOSP 5DD W 4TH ST ODESSA, TX 79761 PROVIDER NO: 4SD132	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: CAPD	DATE APPROVED: D83177 OWNERSHIP: NONPROFIT INTERMEDIARY: DD4DD CROSS-REFER NO:452314	HCFA REGION: D6 TOTAL STATIONS: DD3 RENAL NETWORK: 11 PHONE:(91S)333-7111
ORANGE DIALYSIS FACILITY 2SD STRICKLAND ORANGE, TX 7763D PROVIDER NO: 4S26DD	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD:	DATE APPROVED: D72D87 OWNERSHIP: PROFIT INTERMEDIARY: DD4DO CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: D1D RENAL NETWORK: 11 PHONE:(4D9)883-3762
ST JOSEPHS HOSP 82D CLARKSVILLE ST PARIS, TX 7S46D PROVIDER NO: 4SD196	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO TRAINING: HEMO	DATE APPROVED: 12D977 OWNERSHIP: NONPROFIT INTERMEDIARY: DD4DD CROSS-REFER NO:452339	HCFA REGION: D6 TOTAL STATIONS: D17 RENAL NETWORK: 11 PHONE:(214)78S-4S21
BMA-EAST TEXAS 414 QUITMAN ST PITTSBURG, TX 7S686 PROVIDER NO: 4S2598	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD:	DATE APPROVED: D2D187 OWNERSHIP: PROFIT INTERMEDIARY: DD4DD CROSS-REFER NO:	HCFA REGION: D6 TOTAL STATIONS: DD8 RENAL NETWORK: 11 PHONE:(214)8S6-6663
PLANO DIALYSIS CENTER 61DD AVE K PLANO, TX 7SD74 PROVIDER NO: 452S93	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD:	DATE APPROVED: D1D987 OWNERSHIP: PROFIT INTERMEDIARY: DD4OD CROSS-REFER NO:	HCFA REGION: D6 TOTAL STATIONS: DD8 RENAL NETWORK: 11 PHONE:(214)423-7738
ST MARY HOSPITAL OF PT ARTNUR 36DD GATES BLVD. PORT ARTHUR, TX 7764D PROVIDER NO: 4SDD96	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: D83177 OWNERSHIP: NONPROFIT INTERMEDIARY: OD4DD CROSS-REFER NO:462312	HCFA REGION: D6 TOTAL STATIONS: D15 RENAL NETWORK: 11 PHONE:(4D9)98S-7431

STATE=TEXAS CONTINUED

ROSENBERG DIALYSIS FACILITY 3303 WEST RD ROSENBERG, TX 77471 PROVIDER NO: 452542	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 060581 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 013 RENAL NETWORK: 11 PHONE:(713)341-7425
ST JOHNS HOSPITAL 2018 PULLIAM ST BOX 1191 SAN ANGELO, TX 76901 PROVIDER NO: 450376	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:452325	HCFA REGION: 06 TOTAL STATIONS: 017 RENAL NETWORK: 11 PHONE:(915)655-3181
ANGELO RENAL CARE CENTER 136 EAST CONCHO SAN ANGELO, TX 76903 PROVIDER NO: 462691	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: SELF-CARE: TRAINING: CAPD CCPD	DATE APPROVED: 101086 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 001 RENAL NETWORK: 11 PHONE:(915)653-6773
MEDICAL CENTER HOSP-RENAL LAB 4502 MEDICAL DR SAN ANTONIO, TX 78284 PROVIDER NO: 450213	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:452318	HCFA REGION: 06 TOTAL STATIONS: 014 RENAL NETWORK: 11 PHONE:(512)694-3030
SANTA ROSA MEDICAL CENTER 519 W. HOUSTON ST. SAN ANTONIO, TX 78207 PROVIDER NO: 450237	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:452319	HCFA REGION: 06 TOTAL STATIONS: 037 RENAL NETWORK: 11 PHONE:(512)228-2857
HUMANA HOSPITAL 8026 FLOYD CURL DR SAN ANTONIO, TX 78229 PROVIDER NO: 450631	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 070284 OWNERSHIP: PROFIT INTERMEDIARY: 52280 CROSS-REFER NO:452346	HCFA REGION: 06 TOTAL STATIONS: 000 RENAL NETWORK: 11 PHONE:(512)692-8110
KIDNEY DISEASE CLINIC OF SAN ANTONIO 7540 LOUIS PASTEUR DR,SUITE 100 SAN ANTONIO, TX 78229 PROVIDER NO: 452507	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 030 RENAL NETWORK: 11 PHONE:(512)690-1515
SAN ANTONIO KIDNEY DISEASE CTR 1222 MCCULLOUGH SAN ANTONIO, TX 78212 PROVIDER NO: 452527	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO PERI CAPD	DATE APPROVED: 020678 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 036 RENAL NETWORK: 11 PHONE:(512)228-0743
SOUTHSIDE KIDNEY DISEASE CLINIC 1335 SE MILITARY DR SAN ANTONIO, TX 78214 PROVIDER NO: 452544	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 072781 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 020 RENAL NETWORK: 11 PHONE:(512)923-5475
NORTHEAST KIDNEY DISEASE CENTER 2391 NORTHEAST LOOP 410, #409 SAN ANTONIO, TX 78217 PROVIDER NO: 452565	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 070885 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 010 RENAL NETWORK: 11 PHONE:(512)228-0226
SOUTHWEST DIALYSIS CENTER 7355 BARLITE, SUITE 301 SAN ANTONIO, TX 78224 PROVIDER NO: 452571	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI	DATE APPROVED: 031486 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 018 RENAL NETWORK: 11 PHONE:(512)921-1091

STATE=TEXAS CONTINUED

EASTSIDE KIDNEY CLINIC INC 1D6 HEIMAN SAN ANTONIO, TX 782DS PROVIDER NO: 4S257D	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 031286 OWNERSHIP: PROFIT INTERMEDIARY: 0040D CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: D15 RENAL NETWORK: 11 PHONE:(S12)22S-0751
COMMUNITY DIALYSIS SVCS OF SAN ANTONIO 41S1 CALLAGHAN RD, SUITE 1D1 SAN ANTONIO, TX 78228 PROVIDER NO: 4S2S87	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 100306 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 020 RENAL NETWORK: 11 PHONE:(512)521-705S
KIDNEY DISEASE CLINIC OF SAN ANTONIO 4D1 W COMMERCE SAN ANTONIO, TX 78229 PROVIDER NO: 4S259S	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 012787 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 020 RENAL NETWORK: 11 PHONE:(612)225-4733
AUSTIN DIAGNOSTIC CLINIC 132 JACKSON LANE SAN MARCOS, TX 78666 PROVIDER NO: 452S22	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 01D RENAL NETWORK: 11 PHONE:(512)392-12SS
KIDNEY DISEASE CLINIC OF SEGUIN 114 N CROCKETT ST SEGUIN, TX 781S6 PROVIDER NO: 4S2S4S	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 112081 OWNERSHIP: PROFIT INTERMEDIARY: 0D400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 011 RENAL NETWORK: 11 PHONE:(S12)379-9771
ANGELO DIALYSIS CENTER INC. 411 NORTH BELKNAP STEPHENVILLE, TX 764D1 PROVIDER NO: 4S2599	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD:	DATE APPROVED: 070187 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: D6 TOTAL STATIONS: 003 RENAL NETWORK: 11 PHONE:(817)96S-311S
SCOTT & WHITE ARTIFICIAL KIDNEY CTR 24D1 S 31ST ST TEMPLE, TX 765D1 PROVIDER NO: 4S2SD4	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: D15 RENAL NETWORK: 11 PHONE:(817)774-2111
TEXARKANA REGIONAL DIALYSIS CTR 48DD TEXAS BLVD TEXARKANA, TX 7SSD3 PROVIDER NO: 4S2SS2	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 030183 OWNERSHIP: PROFIT INTERMEDIARY: 0040D CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 022 RENAL NETWORK: 11 PHONE:(214)792-7151
MEDICAL CENTER HOSP 10DD S BECKHAM TYLER, TX 7S7D1 PROVIDER NO: 4SDD03	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 100987 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:452353	HCFA REGION: 06 TOTAL STATIONS: D00 RENAL NETWORK: 11 PHONE:(*) -
W. W. WISE REGIONAL DIALYSIS CENTER 815 EAST FIRST TYLER, TX 7S7D1 PROVIDER NO: 4S2532	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 070979 OWNERSHIP: PROFIT INTERMEDIARY: 0D400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 031 RENAL NETWORK: 11 PHONE:(214)595-249S
KIDNEY DISEASE CLINIC OF UVALDE 10D1 GARNER FIELD RD UVALDE, TX 788D1 PROVIDER NO: 4S254D	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 011681 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: D6 TOTAL STATIONS: 009 RENAL NETWORK: 11 PHONE:(512)278-1126

STATE=TEXAS CONTINUED

CROSSROADS DIALYSIS CLINIC 1406 VICTORIA STATION DR VICTORIA, TX 77901 PROVIDER NO: 452567	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI	DATE APPROVED: 100785 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 023 RENAL NETWORK: 11 PHONE:(512)576-9113
BRAZOS KIDNEY DISEASE CTR 3420 PINE AVE WACO, TX 76708 PROVIDER NO: 452526	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 102777 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 025 RENAL NETWORK: 11 PHONE:(817)752-5503
WESLACO DIALYSIS CENTER 1025 N TEXAS BLVD WESLACO, TX 78596 PROVIDER NO: 452586	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI	DATE APPROVED: 082086 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 010 RENAL NETWORK: 11 PHONE:(512)968-0637
WHARTON KIDNEY CENTER 1400 U S 59 WHARTON, TX 77488 PROVIDER NO: 452580	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 100986 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 011 RENAL NETWORK: 11 PHONE:(409)532-3757
DMA WHARTON COMMUNITY DIALYSIS CTR EASTGATE PLAZA SUITE 325 BOLLING HWY WHARTON, TX 77488 PROVIDER NO: 452590	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 103186 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 006 RENAL NETWORK: 11 PHONE:(409)532-2932
NORTH TEXAS DIALYSIS CENTER 1515 TENTH STREET WICHITA FALLS, TX 76301 PROVIDER NO: 452610	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 018 RENAL NETWORK: 11 PHONE:(817)322-1450
CYPRESS CREEK DIALYSIS CENTER 9449 ORODAN'S MILL RD WOODLANDS, TX 77380 PROVIDER NO: 452539	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 112080 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 016 RENAL NETWORK: 11 PHONE:(713)363-1262

STATE=UTAH

BRIDGERLAND DIALYSIS FAC 1400 NORTH 500 EAST LOGAN, UT 84321 PROVIDER NO: 460015	FACILITY TYPE: DIALYSIS FACILIT STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DSP	DATE APPROVED: 020281 OWNERSHIP: NONPROFIT INTERMEDIARY: 00410 CROSS-REFER NO:462307	HCFA REGION: 08 TOTAL STATIONS: 004 RENAL NETWORK: 05 PHONE:(801)752-2050
MIDVALE DIALYSIS 7300 SOUTH 300 WEST SUITE 200 MIDVALE, UT 84047 PROVIDER NO: 462S09	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD		DATE APPROVED: 021202 OWNERSHIP: PROFIT INTERMEDIARY: 00410 CROSS-REFER NO:	HCFA REGION: 08 TOTAL STATIONS: 006 RENAL NETWORK: 05 PHONE:(801)566-8400
BONNEVILLE DIALYSIS CENTER 5575 S 500 EAST OGDEN, UT 84405 PROVIDER NO: 462S17	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD		DATE APPROVED: 030984 OWNERSHIP: PROFIT INTERMEDIARY: 00410 CROSS-REFER NO:	HCFA REGION: 08 TOTAL STATIONS: 009 RENAL NETWORK: 05 PHONE:(801)479-0351
CASTLEVIEW DIALYSIS CENTER RFD 2 BOX 46-A6 PRICE, UT 84501 PROVIDER NO: 462S1D	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:		DATE APPROVED: 021782 OWNERSHIP: NONPROFIT INTERMEDIARY: 00410 CROSS-REFER NO:	HCFA REGION: 08 TOTAL STATIONS: 006 RENAL NETWORK: 05 PHONE:(801)637-4800
PROVO DIALYSIS CENTER 1034 NORTH 500 WEST PROVO, UT 84603 PROVIDER NO: 462S04	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI		DATE APPROVED: 032577 OWNERSHIP: NONPROFIT INTERMEDIARY: 00410 CROSS-REFER NO:	HCFA REGION: 08 TOTAL STATIONS: 012 RENAL NETWORK: 05 PHONE:(801)379-7115
UINTAH BASIN DIALYSIS CTR 391 NORTH 200 WEST (74-6) ROOSEVELT, UT 84066 PROVIDER NO: 462S06	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:		DATE APPROVED: 060580 OWNERSHIP: PROFIT INTERMEDIARY: 00410 CROSS-REFER NO:	HCFA REGION: 08 TOTAL STATIONS: 006 RENAL NETWORK: 05 PHONE:(801)722-5056
UNIVERSITY OF UTAH MED CTR 50 N MEDICAL DR SALT LAKE CITY, UT 84132 PROVIDER NO: 460009	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD		DATE APPROVED: 082677 OWNERSHIP: NONPROFIT INTERMEDIARY: 00410 CROSS-REFER NO:462300	HCFA REGION: 08 TOTAL STATIONS: 004 RENAL NETWORK: 05 PHONE:(801)581-3212
LDS HOSPITAL TRANSPLANT CENTER 325 8TH AVE SALT LAKE CITY, UT 84143 PROVIDER NO: 460010	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:		DATE APPROVED: 110483 OWNERSHIP: NONPROFIT INTERMEDIARY: 00410 CROSS-REFER NO:462302	HCFA REGION: 08 TOTAL STATIONS: 000 RENAL NETWORK: 05 PHONE:(801)321-1100
VA HOSP 500 FOOTHILL DR SALT LAKE CITY, UT 84148 PROVIOER NO: 46002F	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD		DATE APPROVED: 080577 OWNERSHIP: NONPROFIT INTERMEDIARY: 00080 CROSS-REFER NO:462301	HCFA REGION: 08 TOTAL STATIONS: 012 RENAL NETWORK: 05 PHONE:(801)584-1270
KOLFF DIALYSIS CENTER DUMKE BLDG 535 SALT LAKE CITY, UT 84112 PROVIDER NO: 462S03	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD		DATE APPROVED: 082477 OWNERSHIP: NONPROFIT INTERMEDIARY: 00410 CROSS-REFER NO:	HCFA REGION: 08 TOTAL STATIONS: 016 RENAL NETWORK: 05 PHONE:(801)581-6426
CENTRAL VALLEY KIDNEY CENTER 1459 EAST 3900 SOUTH SALT LAKE CITY, UT 84117 PROVIDER NO: 463S01	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD		DATE APPROVED: 111883 OWNERSHIP: NONPROFIT INTERMEDIARY: 00410 CROSS-REFER NO:	HCFA REGION: 08 TOTAL STATIONS: 011 RENAL NETWORK: 05 PHONE:(801)278-0478

STATE=UTAH CONTINUED

UTAH DIALYSIS LAD 633 E SOUTH TEMPLE SALT LAKE CITY, UT 84102 PROVIDER NO: 463502	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO	DATE APPROVED: 111883 OWNERSHIP: NONPROFIT INTERMEDIARY: 00410 CROSS-REFER NO:	HCFA REGION: 08 TOTAL STATIONS: 012 RENAL NETWORK: 05 PHONE:(801)364-1163
DIXIE DIALYSIS 544 SOUTH 400 EAST ST GEORGE, UT 84770 PROVIDER NO: 462511	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 051482 OWNERSHIP: NONPROFIT INTERMEDIARY: 00410 CROSS-REFER NO:	HCFA REGION: 08 TOTAL STATIONS: 008 RENAL NETWORK: 05 PHONE:(801)673-9681

STATE=VERMONT

MEDICAL CENTER HOSPITAL OF VERMONT	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 083177	HCFA REGION: 01
COLCHESTER AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 014
BURLINGTON, VT 05401	SELF-CARE: HEMO PERI	INTERMEDIARY: 00270	RENAL NETWORK: 28
PROVIDER NO: 470003	TRAINING: HEMO CAPD CCPD	CROSS-REFER NO:472300	PHONE:(802)656-3572

STATE=VIRGINIA

NORTHERN VA DIALYSIS CTR S249 DUKE ST SUITE 208 ALEXANDRIA, VA 22304 PROVIDER NO: 4925D5	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: D9D177 OWNERSHIP: PROFIT INTERMEDIARY: DDD8D CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: D2D RENAL NETWORK: 3D PHONE:(703)37D-825D
OMA OF NORTHERN VA 1701 N GEORGE MASON DR ARLINGTON, VA 22205 PROVIDER NO: 4925I5	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: D10177 OWNERSHIP: PROFIT INTERMEDIARY: ODD8D CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: DD6 RENAL NETWORK: 3D PHONE:(703)698-8D7D
MOUNTAIN EMPIRE DIALYSIS CENTER CLOVERLEAF SQUARE 3A-RT.1 BIG STONE GAP, VA 24219 PROVIDER NO: 492533	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: D12584 OWNERSHIP: PROFIT INTERMEDIARY: 00424 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: DD6 RENAL NETWORK: 30 PHONE:(403)523-5590
UNIVERSITY OF VIRGINIA HOSP UNIVERSITY STATION BOX I99 CHARLOTTESVILLE, VA 22900 PROVIDER NO: 4900D9	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 080177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00423 CROSS-REFER NO:4923D1	HCFA REGION: 03 TOTAL STATIONS: 0I9 RENAL NETWORK: 30 PHONE:(804)924-2I88
CHESAPEAKE KIDNEY CENTER 850 GREENBRIER CIRCLE, SUITE D CHESAPEAKE, VA 2992D PROVIDER NO: 492S98	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 122286 OWNERSHIP: PROFIT INTERMEDIARY: D0423 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 007 RENAL NETWORK: 30 PHONE:( ) -
ALLEGHANY DIALYSIS CENTER, INC. ROUTE 2 VALLEY RIDGE ROAD COVINGTON, VA 24426 PROVIDER NO: 492S22	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 072380 OWNERSHIP: PROFIT INTERMEDIARY: 00423 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 006 RENAL NETWORK: 30 PHONE:(703)862-44I9
DANVILLE UROLOGIC CLINIC 1D4D MAIN ST DANVILLE, VA 24541 PROVIDER NO: 492501	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 080177 OWNERSHIP: PROFIT INTERMEDIARY: 00423 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 02D RENAL NETWORK: 3D PHONE:(804)792-I433
RICHARDSON MEMORIAL DIALYSIS CTR 906 WEAVER AVE EMPORIA, VA 29847 PROVIDER NO: 492518	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: I0I579 OWNERSHIP: PROFIT INTERMEDIARY: 00423 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 0I8 RENAL NETWORK: 30 PHONE:(804)634-6I87
BMA OF ARLINGTON 8316 ARLINGTON BLVD. FAIRFAX, VA 2209I PROVIDER NO: 492504	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 0D080 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 024 RENAL NETWORK: 30 PHONE:(703)698-8070
FARMVILLE DIALYSIS FACILITY BDD BUFFALO ST FARMVILLE, VA 299D1 PROVIDER NO: 492526	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 090380 OWNERSHIP: PROFIT INTERMEDIARY: 00423 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 008 RENAL NETWORK: 30 PHONE:(804)847-6689
FREDERICKSBURG DIALYSIS CENTER SII WESTWOOD OFFICE PARK,RT 3 FREDERICKSBURG, VA 22401 PROVIDER NO: 4925D8	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 08D177 OWNERSHIP: PROFIT INTERMEDIARY: D0423 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 0I0 RENAL NETWORK: 3D PHONE:(703)37I-9531

STATE=VIRGINIA CONTINUED

TWIN COUNTY DIALYSIS CENTER 607 DLENDALE ROAD GALAX, VA 24333 PROVIDER NO: 492S29	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO PERI TRAININO: HEMO PERI CAPD	DATE APPROVED: 1D1382 OWNERSHIP: PROFIT INTERMEDIARY: 00424 CROSS-REFER NO:	HCFA REOION: 03 TOTAL STATIONS: 00S RENAL NETWORK: 30 PHONE:(703)236-6011
WALTER REED MEM HOS/GLOUCESTER DIALY RT 17, 8DX 113D GLOUCESTER, VA 23D61 PROVIOER NO: 49D13D	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: HEMO	DATE APPROVED: 1107D6 OWNERSHIP: NONPROFIT INTERMEDIARY: 00423 CROSS-REFER NO:	HCFA REOION: 03 TOTAL STATIONS: 010 RENAL NETWORK: 30 PHONE:(804)693-4400
SOUTHWEST VA DIALYSIS FACILITY P.O. 8OX 133S GRUNDY, VA 24614 PROVIDER NO: 492S31	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD:	DATE APPROVED: 022183 OWNERSHIP: PROFIT INTERMEDIARY: 00423 CROSS-REFER NO:	HCFA REOION: 03 TOTAL STATIONS: 007 RENAL NETWORK: 30 PHONE:(703)935-8889
HAMPTON DENERAL DIALYSIS CTR 30D MAREELLA DR HAMPTON, VA 23669 PROVIDER NO: 49DD93	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 09098D OWNERSHIP: NONPROFIT INTERMEDIARY: D0423 CROSS-REFER NO:492313	HCFA REOION: D3 TOTAL STATIONS: 009 RENAL NETWORK: 30 PHONE:(8D4)727-75S4
HARRISON8URG DIALYSIS CENTER 847 CANTRELL AVE HARRISON8URG, VA 220D1 PROVIDER NO: 492SD7	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: D0423 CROSS-REFER NO:	HCFA REOION: 03 TOTAL STATIONS: 012 RENAL NETWORK: 30 PHONE:(703)434-1033
LYNCH8URG DIALYSIS FACILITY 2D1S TATE SPRINGS RD LYNCH8URG, VA 245D1 PROVIDER NO: 492SD9	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: HEMO CAPD	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 00423 CROSS-REFER NO:	HCFA REDION: D3 TOTAL STATIONS: 019 RENAL NETWORK: 3D PHONE:(801)S28-1074
8MA OF SMYTH COUNTY INC 11S4 SNIDER STREET MARION, VA 243S4 PROVIDER NO: 492S1D	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 00424 CROSS-REFER NO:	HCFA REOION: 03 TOTAL STATIONS: 007 RENAL NETWORK: 30 PHONE:(7D3)783-6196
MARTINSVILLE DIALYSIS FACILITY COMMONWEALTH 8OULEVARD MARTINSVILLE, VA 24112 PROVIDER NO: 492S27	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO TRAINING:	DATE APPROVED: 011182 OWNERSHIP: NONPROFIT INTERMEDIARY: 00423 CROSS-REFER NO:	HCFA REOION: 03 TOTAL STATIONS: 008 RENAL NETWORK: 30 PHONE:(703)632-7D91
ARTIFICIAL KIDNEY CTR-ECOTERN SHORE P.O. 8OX 722 NASSAWADOX, VA 23413 PROVIDER NO: 492524	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 071180 OWNERSHIP: PROFIT INTERMEDIARY: D0423 CROSS-REFER NO:	HCFA REDION: 03 TOTAL STATIONS: D10 RENAL NETWORK: 3D PHONE:(804)442-7656
MARY IMMACULATE HOSPITAL 8DD DEN8IDH 8LVD NEWPORT NEWS, VA 236D2 PROVIDER NO: 49DD41	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAININD:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00423 CROSS-REFER NO:492304	HCFA REOION: 03 TOTAL STATIONS: 008 RENAL NETWORK: 3D PHONE:(804)872-0154
RIVERSIDE HOSPITAL J CLYDE MORRIS 8LVD NEWPORT NEWS, VA 23601 PROVIDER NO: 49D052	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAININO: HEMO CAPD	DATE APPROVED: 080177 OWNERSHIP: NONPROFIT INTERMEDIARY: 0D423 CROSS-REFER NO:492306	HCFA REOION: 03 TOTAL STATIONS: 012 RENAL NETWORK: 30 PHONE:(804)S99-2000

STATE=VIRGINIA CONTINUED

NEWPORT NEWS GENERAL HOSP 5100 MARSHALL AVE NEWPORT NEWS, VA 23605 PROVIDER NO: 490035	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 082986 OWNERSHIP: NONPROFIT INTERMEDIARY: 00423 CROSS-REFER NO:492314	HCFA REGION: 03 TOTAL STATIONS: 003 RENAL NETWORK: 30 PHONE:(804)247-7200
NORFOLK GENERAL HOSP-ESRD 600 GRESHAM DR NORFOLK, VA 23507 PROVIDER NO: 490007	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 080177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00423 CROSS-REFER NO:492300	HCFA REGION: 03 TOTAL STATIONS: 006 RENAL NETWORK: 30 PHONE:(804)628-3156
TIDEWATER RENAL DIALYSIS CENTER 100 KINGSLEY LANE, 3RD FLOOR NORFOLK, VA 23505 PROVIDER NO: 492502	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 080177 OWNERSHIP: PROFIT INTERMEDIARY: 00423 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 020 RENAL NETWORK: 30 PHONE:(804)489-1150
SENTARA LEIGH MEMORIAL DIALYSIS CLINIC 844 KEMPSVILLE RD,SUITE 207 NORFOLK, VA 23502 PROVIDER NO: 493500	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 080177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00423 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 018 RENAL NETWORK: 30 PHONE:(804)466-6928
NORFOLK KIDNEY CENTER 930 MADESTIC AVE NORFOLK, VA 23504 PROVIDER NO: 492537	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 121686 OWNERSHIP: PROFIT INTERMEDIARY: 00423 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 009 RENAL NETWORK: 30 PHONE:(804)628-3046
SOUTHSIDE REGIONAL MEDICAL CENTER 801 S. ADAMS ST PETERSBURG, VA 23803 PROVIDER NO: 490067	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 080177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00423 CROSS-REFER NO:492307	HCFA REGION: 03 TOTAL STATIONS: 017 RENAL NETWORK: 30 PHONE:(804)732-7220
PORTSMOUTH GENERAL HOSP 850 CRAWFORD PKWY PORTSMOUTH, VA 23704 PROVIDER NO: 490074	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 080177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00423 CROSS-REFER NO:492309	HCFA REGION: 03 TOTAL STATIONS: 020 RENAL NETWORK: 30 PHONE:(804)398-4211
BMA OF NEW RIVER VALLEY INC 1217 DROVE AVE RADFORD, VA 24141 PROVIDER NO: 492532	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 052683 OWNERSHIP: PROFIT INTERMEDIARY: 00424 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 011 RENAL NETWORK: 30 PHONE:(703)731-0610
MEDICAL COLLEGE OF VA MCV STATION - BOX 468 RICHMOND, VA 23298 PROVIDER NO: 490032	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 080177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00423 CROSS-REFER NO:492303	HCFA REGION: 03 TOTAL STATIONS: 027 RENAL NETWORK: 30 PHONE:(804)786-0938
RICHMOND MEMORIAL HOSP 1300 WESTWOOD AVE RICHMOND, VA 23261 PROVIDER NO: 490069	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 080177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00423 CROSS-REFER NO:492308	HCFA REGION: 03 TOTAL STATIONS: 025 RENAL NETWORK: 30 PHONE:(804)254-6000
MCGUIRE VA MEDICAL CENTER 1201 BROAD ROCK RD RICHMOND, VA 23249 PROVIDER NO: 49010F	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 080177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00080 CROSS-REFER NO:492310	HCFA REGION: 03 TOTAL STATIONS: 019 RENAL NETWORK: 30 PHONE:(804)231-9011

STATE=VIRGINIA CONTINUED

WEST END DIALYSIS CENTER 8000 FRANHLIN FARMS DR, SUITE 114 RICHMOND, VA 23229 PROVIDER NO: 492503	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD:	DATE APPROVED: 0901TT OWNERSHIP: PROFIT INTERMED1ARY: 00423 CROSS-REFER ND:	HCFA REOIDN: 03 TDTAL STATIONS: 010 RENAL NETWORK: 30 PHONE:(804)205-0901
COMMUNITY DIALYSIS SERVICES 1921 WESTMORELAND AVE. RICHMOND, VA 23230 PRDVIOER ND: 492506	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAIHINO: HEMO PERI CAPO CCPD	DATE APPRDVED: 00017T DWNERSHIP: PRDFIT INTERMEOIARY: 00423 CROSS-REFER HO:	HCFA REOIDH: 03 TDTAL STATIONS: 016 RENAL NETWORH: 30 PHDNE:(804)200-416T
RDCKWDDD DIALYSIS CTR 2505 PDCDSHDCH PLACE RICHMOND, VA 23235 PRDVIOER ND: 492519	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: HEMO CAPD	DATE APPROVEO: 042180 OWNERSHIP: PROFIT INTERMED1ARY: 00423 CROSS-REFER ND:	HCFA REOION: 03 TDTAL STATIONS: 019 REHAL HETWORH: 30 PHONE:(T03)T45-4660
EAST END DIALYSIS CENTER 2025 EAST MAIN ST RICHMOND, VA 23223 PRDVIDER NO: 492534	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO: HEMO	DATE APPRDVED: 061885 OWNERSHIP: PROFIT INTERMEOIARY: 00423 CRDSS-REFER ND:	HCFA REOION: 03 TDTAL STATIONS: 009 RENAL NETWORH: 30 PHONE:(804)543-3050
ROANOKE MEMORIAL HOSP BDX 1335T BELLEVIEW AT JEFFERSON ROANOKE, VA 24033 PRDVIDER NO: 490024	FACILITY TYPE: OIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAIHING: CAPO	OATE APPROVED: 08017T OWNERSHIP: HDNPROFIT INTERMEDIARY: 00424 CROSS-REFER NO:492302	HCFA REOION: 03 TOTAL STATIDHS: 000 RENAL HETWORH: 30 PHONE:(703)981-7562
BMA OF ROANOHE INC 4330 BRAMBLETON AVENUE, SW RDANOKE, VA 24018 PRDVIDER HO: 492513	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO:	DATE APPROVEO: 0925TT OWNERSHIP: PRDFIT IHTERMEOIARY: 00424 CROSS-REFER NO:	HCFA REOION: 03 TOTAL STATIONS: 015 RENAL NETWORK: 30 PHONE:(T03)989-337I
VETERAH'S MEDICAL CENTER 1970 ROANOKE BLVD SALEM, VA 24153 PROVIOER NO: 49011F	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTEO: HEMO PERI SELF-CARE: TRAININO: HEMO PERI CAPO	OATE APPROVEO: 0801T7 OWHERSHIP: NDHPROFIT INTERMEDIARY: 00080 CROSS-REFER HO:492311	HCFA REOION: 03 TOTAL STATIONS: 005 REHAL NETWORK: 30 PHONE:(T03)982-2453
SOUTH BOSTON DIALYSIS FACILITY 2212 HALIFAX RO SO BOSTON, VA 24592 PROVIDER NO: 492516	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO:	DATE APPROVED: 0T23T9 OWNERSHIP: PROFIT INTERMEDIARY: 00423 CROSS-REFER NO:	HCFA REOION: 03 TOTAL STATIONS: 010 RENAL NETWORK: 30 PHONE:(004)5T2-3942
FAIRFAX DIALYSIS CAPD CENTER INC 8350 A TRAFORO LANE SPRINGFIELD, VA 2215O PROVIDER NO: 492535	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO: HEMO CAPO	DATE APPROVEO: I11385 OWNERSHIP: PROFIT INTERMEOIARY: 00080 CROSS-REFER NO:	HCFA REOION: 03 TOTAL STATIONS: 005 RENAL HETWORH: 30 PHONE:(T03)644-7500
AUGUSTA OIALYSIS CENTER 3 IDLEWOOD BLVD STAUNTON, VA 24401 PROVIDER NO: 492528	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO PERI SELF-CARE: TRAININO: HEMO PERI CAPD	OATE APPROVEO: 081982 OWHERSHIP: PROFIT IHTERMEOIARY: 00423 CROSS-REFER NO:	HCFA REOION: 03 TOTAL STATIONS: 012 REHAL NETWORH: 30 PHONE:(703)986-8906
ARTIFICIAL KIDNEY CENTER OF SUFFDLK P.O. BOX 700 SUFFOLK, VA 23434 PROVIDER NO: 492530	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APP30VED: 011983 OWNERSHIP: PROFIT INTERMEOIARY: 00423 CROSS-REFER HO:	HCFA REOION: 03 TOTAL STATIONS: 012 RENAL NETWORK: 30 PHONE:(804)934-0076

STATE=VIRDINIA CDNTINUED

TAPPAHANNOCK DIALYSIS CENTER INC P.O. DDX 1515 TAPPAHANNDCK, VA 2256D PRDVIDER NO: 492536	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMD PERI SELF-CARE: HEMD TRAININD: CAPD CCPD	DATE APPROVED: 102285 OWNERSHIP: NONPROFIT INTERMEDIARY: 00423 CROSS-REFER NO:	HCFA REOION: 03 TOTAL STATIONS: DD7 RENAL NETWORK: 3D PHONE:( ) -
VIROINIA BEACH DIALYSIS CENTER I127 FIRST CDLONIAL RD. VIROINIA BEACH, VA 23454 PRDVIDER ND: 4925I7	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMD PERI SELF-CARE: TRAININD: HEMO PERI CAPD	DATE APPROVED: 082079 OWNERSHIP: PROFIT INTERMEDIARY: 00423 CROSS-REFER NO:	HCFA REGION: D3 TOTAL STATIONS: 013 RENAL NETWORK: 3D PHONE:(8D4)481-5879
WARRENTON DIALYSIS FACILITY INC 578 WATERLOD RD WARRENTON, VA 231D6 PROVIDER NO: 492525	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: HEMO PERI CAPD CCPD	DATE APPROVED: 082480 DWNERSHIP: PROFIT INTERMEDIARY: 00423 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 012 RENAL NETWORK: 30 PHONE:(703)347-5090
WINCHESTER DIALYSIS CENTER 811 S LOUDOUN ST WINCHESTER, VA 2260I PRDVIDER ND: 492523	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: D72380 OWNERSHIP: PROFIT INTERMEDIARY: 00423 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 011 RENAL NETWORK: 30 PHONE:(703)667-0227
WOODRIDDE-WAWAS6AS DIALYSIS FACILITY 2D10 D. OPITZ DLVD. WOODBRIDDE, VA 2219I PRDVIDER NO: 492521	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINIMO: HEMO CAPD	DATE APPROVED: D63080 DWNERSHIP: PROFIT INTERMEDIARY: 00080 CROSS-REFER NO:	HCFA REGION: D3 TOTAL STATIONS: D14 RENAL NETWORK: 3D PHONE:(703)494-5158

STATE=VIRGIN ISLANDS

CHARLES HARWOOD MEM HOSP ESTATE ORANGE GROVE CHRISTIANSTEAD, VI 00820 PROVIDER NO: 480002	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 57400 CROSS-REFER NO:482301	HCFA REGION: 02 TOTAL STATIONS: 003 RENAL NETWORK: 29 PHONE:(009)773-6266
ST THOMAS HOSPITAL HOSPITAL LINE ST THOMAS, VI 00801 PROVIDER NO: 480001	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 120102 OWNERSHIP: NONPROFIT INTERMEDIARY: 57400 CROSS-REFER NO:482300	HCFA REGION: 02 TOTAL STATIONS: 003 RENAL NETWORK: 29 PHONE:(809)774-9000

STATE=WASHINGTON

LAKE WASHINGTON KIDNEY CTR 1474-112TH AVE NE,SUITE 100 BELLEVUE, WA 98004 PROVIDER NO: SD2505	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 083181 OWNERSHIP: NONPROFIT INTERMEDIARY: 00430 CROSS-REFER NO:	HCFA REGION: 10 TOTAL STATIONS: 010 RENAL NETWORK: 02 PHONE:(206)454-0067
MOUNT BAKER KIDNEY CENTER 3201 ELLIS ST BELLINGHAM, WA 98225 PROVIDER NO: SD2501	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 071480 OWNERSHIP: NONPROFIT INTERMEDIARY: 00430 CROSS-REFER NO:	HCFA REGION: 10 TOTAL STATIONS: 005 RENAL NETWORK: 02 PHONE:(206)292-2771
OLYMPIC PENINSULA KIDNEY CENTER 2740 CLARE AVE BREMERTON, WA 98310 PROVIDER NO: 502502	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 101680 OWNERSHIP: NONPROFIT INTERMEDIARY: 00430 CROSS-REFER NO:	HCFA REGION: 10 TOTAL STATIONS: 010 RENAL NETWORK: 02 PHONE:(206)479-5908
PUGET SOUND KIDNEY CTR 3226 NASSAU EVERETT, WA 98201 PROVIDER NO: 502503	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 041581 OWNERSHIP: NONPROFIT INTERMEDIARY: 00430 CROSS-REFER NO:	HCFA REGION: 10 TOTAL STATIONS: 013 RENAL NETWORK: 02 PHONE:(206)259-5195
ST JOHN'S HOSPITAL HEMO UNIT 1614 E KESSLER BLVD LONGVIEW, WA 98632 PROVIDER NO: 500041	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 092485 OWNERSHIP: NONPROFIT INTERMEDIARY: 51500 CROSS-REFER NO:502308	HCFA REGION: 10 TOTAL STATIONS: 003 RENAL NETWORK: 02 PHONE:(206)423-1530
ST PETER HOSPITAL ESRD UNIT 413 N. LILLY RD OLYMPIA, WA 98506 PROVIDER NO: 500024	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 050786 OWNERSHIP: NONPROFIT INTERMEDIARY: 51051 CROSS-REFER NO:502309	HCFA REGION: 10 TOTAL STATIONS: 009 RENAL NETWORK: 02 PHONE:(206)456-7523
MOUNT RAINIER KIDNEY CTR 4242 E VALLEY HIGHWAY RENTON, WA 98055 PROVIDER NO: 502508	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 022886 OWNERSHIP: NONPROFIT INTERMEDIARY: 00430 CROSS-REFER NO:	HCFA REGION: 10 TOTAL STATIONS: 007 RENAL NETWORK: 02 PHONE:(206)251-0647
MID COLUMBIA KIDNEY CENTER 943-A STEVENS AVE RICHLAND, WA 99352 PROVIDER NO: 502504	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 032581 OWNERSHIP: NONPROFIT INTERMEDIARY: 00430 CROSS-REFER NO:	HCFA REGION: 10 TOTAL STATIONS: 004 RENAL NETWORK: 02 PHONE:(509)943-5063
VIRGINIA MASON HOSPITAL 925 SENECA STREET SEATTLE, WA 98101 PROVIDER NO: 500005	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00430 CROSS-REFER NO:502300	HCFA REGION: 10 TOTAL STATIONS: 000 RENAL NETWORK: 02 PHONE:(206)223-6671
UNIVERSITY HOSPITAL 1959 NE PACIFIC ST,RF-25 SEATTLE, WA 98195 PROVIDER NO: 500008	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00430 CROSS-REFER NO:502301	HCFA REGION: 10 TOTAL STATIONS: 000 RENAL NETWORK: 02 PHONE:(206)545-8067
SWEDISH HOSPITAL MEDICAL CENTER 747 SUMMIT AVENUE SEATTLE, WA 98104 PROVIDER NO: 500027	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 51500 CROSS-REFER NO:502304	HCFA REGION: 10 TOTAL STATIONS: 000 RENAL NETWORK: 02 PHONE:(206)386-6000

STATE=WASHINGTON CONTINUED

CHILDRENS HOSPITAL & MEDICAL CTR 4800 SAND POINT WAY NE SEATTLE, WA 98105 PROVIDER NO: S00103	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00430 CROSS-REFER NO:502305	HCFA REGION: 10 TOTAL STATIONS: 002 RENAL NETWORK: 02 PHONE:(206)525-2131
NORTHWEST KIDNEY CENTER 700 BROADWAY SEATTLE, WA 98122 PROVIDER NO: S02S00	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00430 CROSS-REFER NO:	HCFA REGION: 10 TOTAL STATIONS: 042 RENAL NETWORK: 02 PHONE:(206)292-2771
SCRIBNER KIDNEY CENTER 2150 N 107TH, SUITE 150 SEATTLE, WA 98133 PROVIDER NO: S02S07	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 000103 OWNERSHIP: NONPROFIT INTERMEDIARY: 00430 CROSS-REFER NO:	HCFA REGION: 10 TOTAL STATIONS: 007 RENAL NETWORK: 02 PHONE:(206)363-5090
SACRED HEART MEDICAL CENTER W 101 8TH AVE SPOKANE, WA 99220 PROVIDER NO: S00054	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 101581 OWNERSHIP: NONPROFIT INTERMEDIARY: 00430 CROSS-REFER NO:502305	HCFA REGION: 10 TOTAL STATIONS: 019 RENAL NETWORK: 02 PHONE:(509)455-3320
ST JOSEPH HOSPITAL 1718 SOUTH 'I' STREET TACOMA, WA 98405 PROVIDER NO: S00108	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00430 CROSS-REFER NO:502307	HCFA REGION: 10 TOTAL STATIONS: 020 RENAL NETWORK: 02 PHONE:(206)627-4101
FT VANCOUVER KIDNEY CTR 505 NE 87TH AVE VANCOUVER, WA 98664 PROVIDER NO: S03S01	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 000103 OWNERSHIP: NONPROFIT INTERMEDIARY: 00350 CROSS-REFER NO:	HCFA REGION: 10 TOTAL STATIONS: 008 RENAL NETWORK: 02 PHONE:(206)254-2328
CENTRAL WASHINGTON HOSPITAL 1300 FULLER ST WENATCHEE, WA 98801 PROVIDER NO: S00015	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00430 CROSS-REFER NO:502303	HCFA REGION: 10 TOTAL STATIONS: 003 RENAL NETWORK: 02 PHONE:(509)662-1511
ST ELIZABETH MEDICAL CTR 110 SOUTH 9TH AVE YAKIMA, WA 98902 PROVIDER NO: 500012	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00430 CROSS-REFER NO:502302	HCFA REGION: 10 TOTAL STATIONS: 005 RENAL NETWORK: 02 PHONE:(509)575-5155

STATE=WEST VIRGINIA

OMA OF BECKLEY 421 CARRIAGE RD BECKLEY, WV 25801 PROVIDER NO: 512506	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 060184 OWNERSHIP: PROFIT INTERMEDIARY: 00441 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 009 RENAL NETWORK: 30 PHONE:(304)252-9270
OMA OF BLUEFIELD RT 2 BOX 382 BLUEFIELD, WV 24701 PROVIDER NO: 512501	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00423 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 010 RENAL NETWORK: 30 PHONE:(304)325-3621
CHARLESTON AREA MEDICAL CTR DROOK & WASHINGTON STS,O.D.BOX 1393 CHARLESTON, WV 25326 PROVIDER NO: 510022	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 101386 OWNERSHIP: NONPROFIT INTERMEDIARY: 00441 CROSS-REFER NO:S12302	HCFA REGION: 03 TOTAL STATIONS: 007 RENAL NETWORK: 30 PHONE:(*) -
WEST VIRGINIA DIALYSIS FACILITIES INC 3416 MACCORKLE AVE, SE CHARLESTON, WV 25304 PROVIDER NO: 512503	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 051280 OWNERSHIP: PROFIT INTERMEDIARY: 00441 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 028 RENAL NETWORK: 30 PHONE:(304)345-7323
UNITED HOSPITAL CENTER DIALYSIS UNIT P.O. BOX 1680 CLARKSBURG, WV 26301 PROVIDER NO: 510006	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 100785 OWNERSHIP: PROFIT INTERMEDIARY: 00441 CROSS-REFER NO:512308	HCFA REGION: 03 TOTAL STATIONS: 008 RENAL NETWORK: 30 PHONE:(304)624-2332
WEST VA HEALTH CARE COOPERATIVE INC P.O. BOX 1484 ELKINS, WV 26241 PROVIDER NO: 512508	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 052986 OWNERSHIP: NONPROFIT INTERMEDIARY: 00441 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 003 RENAL NETWORK: 30 PHONE:(304)636-3300
CABELL-HUNTINGTON HOSP 1340 HAL GREEN BLVD HUNTINGTON, WV 25701 PROVIDER NO: 510065	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00441 CROSS-REFER NO:512306	HCFA REGION: 03 TOTAL STATIONS: 019 RENAL NETWORK: 30 PHONE:(304)696-6590
MAN APPALACHIAN REGIONAL HOSP 600-800 E MCDONALD AVE MAN, WV 25635 PROVIDER NO: 510035	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00441 CROSS-REFER NO:512304	HCFA REGION: 03 TOTAL STATIONS: 003 RENAL NETWORK: 30 PHONE:(304)583-6511
MARTINSBURG DIALYSIS FACILITY 608 ROCKCLIFF DR MARTINSBURG, WV 25401 PROVIDER NO: 512502	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 021979 OWNERSHIP: PROFIT INTERMEDIARY: 52280 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 008 RENAL NETWORK: 30 PHONE:(304)263-0964
WEST VIRGINIA UNIVERSITY HOSP P.O. BOX 6401 MORGANTOWN, WV 26506 PROVIDER NO: 510001	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: PERI CAPD CCPD	DATE APPROVED: 010287 OWNERSHIP: NONPROFIT INTERMEDIARY: 00441 CROSS-REFER NO:512300	HCFA REGION: 03 TOTAL STATIONS: 004 RENAL NETWORK: 30 PHONE:(304)293-2950
WEST VA HEALTH CARE COOPERATIVE INC 165 SCOTT AVE-SUITE209 MORGANTOWN, WV 26505 PROVIDER NO: S12506	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CCPD	DATE APPROVED: 070185 OWNERSHIP: NONPROFIT INTERMEDIARY: 00441 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 011 RENAL NETWORK: 30 PHONE:(304)291-6543

STATE=WEST VIRGINIA CONTINUED

ST JOSEPHS HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 052300	HCFA REGION: 03
19TH & MURDOCH AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 000
PARKERSBURG, WV 26101	SELF-CARE:	INTERMEDIARY: 00441	RENAL NETWORK: 30
PROVIDER NO: 510033	TRAINING: CAPD	CROSS-REFER NO:512303	PHONE:(304)424-4111
WELCH DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 000505	HCFA REGION: 03
90 STEWART ST	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 004
WELCH, WV 24801	SELF-CARE:	INTERMEDIARY: 00441	RENAL NETWORK: 30
PROVIDER NO: 512507	TRAINING:	CROSS-REFER NO:	PHONE:(304)436-8420
WHEELING DIALYSIS CENTER	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 010104	HCFA REGION: 03
MEDICAL PARK	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPHOFIT	TOTAL STATIONS: 015
WHEELING, WV 26003	SELF-CARE:	INTERMEDIARY: 00441	RENAL NETWORK: 30
PROVIDER NO: 510050	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:512305	PHONE:(304)233-2200

STATE=WISCONSIN

LUTHER HOSPITAL 1221 WHIPPLE ST EAU CLAIRE, WI 54701 PROVIDER NO: 520070	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00450 CROSS-REFER NO:S22311	HCFA REGION: 05 TOTAL STATIONS: 014 RENAL NETWORK: 13 PHONE:(715)839-3171
ST VINCENT HOSPITAL 1324 S WEBSTER (P.O. BOX 13508) GREEN BAY, WI 54307 PROVIDER NO: 520075	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00450 CROSS-REFER NO:S22312	HCFA REGION: 05 TOTAL STATIONS: 014 RENAL NETWORK: 13 PHONE:(414)433-0448
GREEN BAY KIDNEY DIALYSIS CTR 1910 RIVERSIDE DR GREEN BAY, WI 54301 PROVIDER NO: 522501	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 100285 OWNERSHIP: PROFIT INTERMEDIARY: 00450 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 011 RENAL NETWORK: 13 PHONE:(414)436-4910
ST CATHERINES HOSPITAL 3556 SEVENTH AVE KENOSHA, WI 53140 PROVIDER NO: 520069	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00450 CROSS-REFER NO:S22310	HCFA REGION: 05 TOTAL STATIONS: 011 RENAL NETWORK: 13 PHONE:(414)656-3791
LACROSSE LUTHERAN HOSPITAL 1910 SOUTH AVENUE LACROSSE, WI 54601 PROVIDER NO: 520007	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00450 CROSS-REFER NO:S22313	HCFA REGION: 05 TOTAL STATIONS: 014 RENAL NETWORK: 13 PHONE:(608)785-0530
METHODIST HOSPITAL 309 WEST WASHINGTON AVENUE MADISON, WI 53715 PROVIDER NO: 520043	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00450 CROSS-REFER NO:S22305	HCFA REGION: 05 TOTAL STATIONS: 014 RENAL NETWORK: 13 PHONE:(608)251-2371
UNIV OF WISCONSIN HOSP & CLINICS 600 HIGHLAND AVE MADISON, WI 53792 PROVIDER NO: 520090	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00450 CROSS-REFER NO:S22316	HCFA REGION: 05 TOTAL STATIONS: 009 RENAL NETWORK: 13 PHONE:(608)263-8000
BAY AREA MEDICAL CENTER 3100 SHORE DRIVE MARINETTE, WI 54143 PROVIDER NO: 520113	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00450 CROSS-REFER NO:S22317	HCFA REGION: 05 TOTAL STATIONS: 006 RENAL NETWORK: 13 PHONE:(715)735-6621
ST JOSEPHS HOSPITAL 611 ST JOSEPH AVENUE MARSHFIELD, WI 54449 PROVIDER NO: 520037	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00450 CROSS-REFER NO:S22302	HCFA REGION: 05 TOTAL STATIONS: 009 RENAL NETWORK: 13 PHONE:(715)387-1713
ST MICHAEL HOSPITAL 2400 WEST VILLARD AVENUE MILWAUKEE, WI 53209 PROVIDER NO: 520040	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00450 CROSS-REFER NO:S22304	HCFA REGION: 05 TOTAL STATIONS: 009 RENAL NETWORK: 13 PHONE:(414)263-8000
ST MARYS HOSPITAL 2323 N LAKE DR (P.O. BOX 503) MILWAUKEE, WI 53201 PROVIDER NO: 520051	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00450 CROSS-REFER NO:S22307	HCFA REGION: 05 TOTAL STATIONS: 006 RENAL NETWORK: 13 PHONE:(414)289-7000

STATE=WISCONSIN CONTINUED

MT SINAI MEDICAL CENTER 950 NORTH ST (P.O. BOX 342) MILWAUKEE, WI 53233 PROVIDER NO: 520054	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00450 CROSS-REFER NO:522300	HCFA REGION: 05 TOTAL STATIONS: 004 RENAL NETWORK: 13 PHONE:(414)209-8001
FREDETERT MEMORIAL LUTHERAN HOSP 9200 W WISCONSIN AVE MILWAUKEE, WI 53226 PROVIDER NO: 520177	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 043001 OWNERSHIP: NONPROFIT INTERMEDIARY: 00450 CROSS-REFER NO:522322	HCFA REGION: 05 TOTAL STATIONS: 009 RENAL NETWORK: 13 PHONE:(414)259-3000
CHILDRENS HOSPITAL OF WISCONSIN 1700 W WISCONSIN AVE(BOX 1997) MILWAUKEE, WI 53233 PROVIDER NO: 523300	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI	DATE APPROVED: 012986 OWNERSHIP: NONPROFIT INTERMEDIARY: 00450 CROSS-REFER NO:522319	HCFA REGION: 05 TOTAL STATIONS: 004 RENAL NETWORK: 13 PHONE:(414)931-4140
GREATER MILWAUKEE DIALYSIS CTR 3801 W WISCONSIN AVE MILWAUKEE, WI 53208 PROVIDER NO: 522502	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 120905 OWNERSHIP: PROFIT INTERMEDIARY: 00450 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 020 RENAL NETWORK: 13 PHONE:(414)933-5577
THEDA CLARK MEM HOSP 130 2ND ST NEENAH, WI 54955 PROVIDER NO: 520045	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00450 CROSS-REFER NO:522305	HCFA REGION: 05 TOTAL STATIONS: 000 RENAL NETWORK: 13 PHONE:(414)729-3100
FOX VALLEY REGIONAL DIALYSIS CENTER 215 N. COMMERCIAL STREET NEENAH, WI 54955 PROVIDER NO: 522500	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 00450 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 017 RENAL NETWORK: 13 PHONE:(414)725-7051
LACROSSE LUTHERAN HOSP SATELLITE 705 TAYLOR ST PRAIRIE DU CHIEN, WI 52821 PROVIDER NO: 523500	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 092706 OWNERSHIP: NONPHOFIT INTERMEDIARY: 00450 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 004 RENAL NETWORK: 13 PHONE:(600)326-2431
ST LUKES HOSPITAL 1320 WISCONSIN AVENUE RACINE, WI 53403 PROVIDER NO: 520094	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00450 CROSS-REFER NO:522315	HCFA REGION: 05 TOTAL STATIONS: 013 RENAL NETWORK: 13 PHONE:(414)636-2011
LAKEVIEW MEDICAL CENTER 1100 NORTH MAIN ST RICE LAKE, WI 54868 PROVIDER NO: 520011	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 030170 OWNERSHIP: NONPROFIT INTERMEDIARY: 00450 CROSS-REFER NO:522320	HCFA REGION: 05 TOTAL STATIONS: 004 RENAL NETWORK: 13 PHONE:(715)234-1515
ST NICHOLAS HOSP 1501 N TAYLOR DR SHEBOYGAN, WI 53081 PROVIDER NO: 520044	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 031582 OWNERSHIP: NONPROFIT INTERMEDIARY: 00450 CROSS-REFER NO:522323	HCFA REGION: 05 TOTAL STATIONS: 005 RENAL NETWORK: 13 PHONE:(414)459-8300
ST MICHAEL'S HOSP 900 ILLINOIS AVE STEVENS POINT, WI 54481 PROVIDER NO: 520002	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00450 CROSS-REFER NO:522300	HCFA REGION: 05 TOTAL STATIONS: 008 RENAL NETWORK: 13 PHONE:(715)345-5000

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WAUPUN MEMORIAL HOSPITAL 620 W BROWN ST WAUPUN, WI 53403 PROVIDER NO: 520025	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00450 CROSS-REFER NO:522301	HCFA REGION: 05 TOTAL STATIONS: 006 RENAL NETWORK: 13 PHONE:(414)324-5581
HOWARD YOUNG MEDICAL CTR 240 MAPLE ST, P.O. BOX 470 WOODRUFF, WI 54568 PROVIDER NO: 520091	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00450 CROSS-REFER NO:522314	HCFA REGION: 05 TOTAL STATIONS: 006 RENAL NETWORK: 13 PHONE:(715)356-8000

STATE=WYOMING

SOUTHEASTERN WYOMING DIALYSIS CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 012370	HCFA REGION: 08
1111 LOGAN AVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 007
CHEYENNE, WY 82001	SELF-CARE:	INTERMEDIARY: 00460	RENAL NETWORK: 05
PROVIDER NO: 532501	TRAINING: PERI CAPD	CROSS-REFER NO:	PHONE:(307)632-6457

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